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RESEARCH DATABASE ON AYURVEDA, SIDDHA, OTHER TRADITIONAL MEDICINE AND RELATED SCIENCES

Volume - III

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA & SIDDHA
Department of AYUSH
Ministry of Health & Family Welfare
Government of India
New Delhi
www.ccras.nic.in
2010

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Volume - III

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CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA & SIDDHA
Department of AYUSH
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Gram : "AYUSH"

केन्द्रीय आयुर्वेद एवं सिद्ध अनुसंधान परिषद्
आयुष विभाग
(स्वशासी निकाय, स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, भारत सरकार)
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन

डॉ. जी. एस. लव्हेकर
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FOREWORD

The high end of medical sciences is the preservation of health and it can be attained in two ways, firstly by eradicating the diseases, which may invade the body, secondly, by due observation of such rules as would keep away the diseases. Although diseases have not changed significantly through human history, their patterns have paradigm shift. It is said that every decade there is a dynamic change in the pattern of disease. This has led to the development of novel therapies to the refractory patterns of diseases wherein systems with holistic philosophy and concepts have a significant role.

Traditional medicine is easily available and affordable in low-income countries, but with increasing globalization, knowledge holders are concerned about the erosion of traditional lifestyle and cultures through external pressures, including loss of their knowledge and reluctance of younger members of the community to maintain traditional practices. The evolution of traditional medicine has been influenced by cultural and historical conditions, making systematic evaluation difficult, since factors such as the philosophy and theory which underlie its use must be taken into account.

Although traditional medicine has long been used, there is little systematic evidence regarding its safety and efficacy available in codified form to scientific community. Absence of such comprehensive database of research in traditional medicine sector has in turn slowed down its development. In addition, there is a lack of cooperation and sharing of information among diverse disciplines, individuals, organizations and countries across the globe hampering research, development and regulation.

To address the problem, the Central Council for Research in Ayurveda and Siddha (CCRAS) has initiated to generate Research Database on Ayurveda, Siddha, Unani,

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Yoga & Naturopathy and Other Traditional Medicine & Related Sciences to make available the data at a glance to the scientific community/ academicians/ industries/ policy makers etc., which would help in appraising the research for further planning, to avoid repetition, to find out collaboration and exploration of new areas of research.

To make the objective pragmatic, CCRAS collected significant data on research done in recent years and launched a web based research database on Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines research at National Institute of Indian Medical Heritage located at Hyderabad and generated Research Database through gathering authentic published data by inviting information from individuals, Scientists, Academicians, Industries and Universities and so on who are working in all related fields. An electronic web based user friendly format has been evolved to generate the data from the individuals and organizations through online submission.

Medical professionals, Scientists, Academicians, Industries, Universities etc. may utilize this unique opportunity to provide the information on research carried out in their institutes (Institutional/ Industrial and Post Graduate & Ph.D. Research) in the prescribed format to incorporate the same in the database and enrich the science for the cause of Indian medical heritage at large

I hope, this document would immensely help students, research scholars, practitioners, academicians, scientists, public health administrators for sustainable utilization of merits of Ayurveda, Siddha, Unani, Yoga & Naturopathy and other traditional medicines.

Date : 15-02-2010

Place : New Delhi

(Prof. G.S. Lavekar)

Director General

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केन्द्रीय आयुर्वेद एवं सिद्ध अनुसन्धान परिषद्, आयुष विभाग, स्वास्थ्य एवं परिवार कल्याण मन्त्रालय, भारत सरकार
तृतीय तल, उस्मानिया मेडिकल कॉलेज भवन, पुतलीबावली, हैदराबाद–५०० ०९५ (आ.प्र.), भारत

National Institute of Indian Medical Heritage

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PROLOGUE

Research and Development in the field of Ayurveda, Siddha, Unani and other Traditional medicine play a pivotal role for their up-gradation and reorganization as global health care systems. In the current scenario these systems have gain popularity and being adapted as options for primary, secondary and tertiary health care even in the countries where conventional system of medicine is predominant.

The dissemination of Research outcome and evidence based knowledge plays an essential role in main streaming the traditional systems of medicine. Further this would facilitate to create awareness across the scientific community, researchers, academicians, medical professionals concerning the merits of this system which inturn help to promote the best practices and core strength embodied there in.

Being apex body in the country for the formulation of research in Ayurveda and Siddha on scientific lines, the Central Council for Research in Ayurveda and Siddha has initiated this novel information retrieval system and launched Online Research database on Ayurveda, Siddha, other traditional system of medicines and related sciences. The National Institute of Indian Medical Heritage, Hyderabad, focused with the mandate of preserving, reviving, retrieving and disseminating the heritage of Indian Medical systems has taken initiates for sustainable management of this research database.

Tremendous efforts have been put in by this institute in developing online electronic format for submission of the research information. Further the web-portal has been evolved integrating the information and technology systems for submission, retrieval, dynamic search, user data management in secure and easily accessible manner.

Initially the information from various contributors viz., researchers, academic and research institutes, universities, medical professional was gathered in prescribed

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format and transformed into electronic form after editing and data refinement. Authentic English translation has also been carried out for the information received in different languages.

The web portal of research database has been hosted in collaboration with National Informatics centre, Hyderabad for sustainable accessibility of public domain. Efforts are being made to link the database with National Knowledge network of Government of India in order to provide wide publicity.

In order to create awareness among researchers, academic and research institutes, universities, medical professional and encouraging them for contributing this database, initially the database is made available in the print form. These volumes comprise the abstracts of research information and user manual for the benefit of various stake holders.

The complimentary copies will be provided to academic and research institutes, universities and contributors.

It is hoped that this unique document would greatly contribute for awareness creation for the benefit of traditional system of medicine research at large.

Date : 15-02-2010
Place: Hyderabad

(Dr. Ala Narayana)
Director

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ACKNOWLEDGEMENT

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The efforts put in by the project coordinators and associate staff of CCRAS head quarters and National Institute of Indian Medical Heritage in achieving this task in time are highly appreciable. The editorial support rendered by the scientists of the Council is worth mentioning .

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ABBREVIATIONS OF TECHNICAL TERMS

m.	Metre
l.	Litre
mm.	Millimetre
cm.	Centimetre
µ.	Micron (0.001 mm)
Kg.	Kilogram
g.	Gramme
mg.	Milligram
ml.	Millilitre
0.5 N.	Half-normal solution
1M.	Molar solution
Fam.	Family
TS.	Transverse Section

ABBREVIATIONS USED FOR LANGUAGES

Sansk.	Sanskrit
Assam.	Assamese
Beng.	Bengali
Eng.	English
Guj.	Gujrati
Kan.	Kannada
Kash.	Kashmiri
Mal.	Malayalam
Mar.	Marathi
Ori.	Oriya
Punj.	Punjabi
Tam.	Tamil
Tel.	Telugu

Abbreviations for parts of Plants

Cotyledon	Cotldn.
Flower	Fl.
Fruit	Fr.
Heart Wood	Ht. Wd.
Leaf	Lf.
Pseudo-bulb	Pseudo-bulb
Root Bark	Rt. Bk.
Root	Rt.
Rhizome	Rz.
Seed	Sd.
Stem Bark	St. Bk.
Stem	St.
Tuberous Root	Tub. Rt.
Wood	Wd.
Whole Plant	Wh. Pl.

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Research Database Template / Format

Ph.D / M.D / Academic thesis / dissertation works

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3.	[SlNo]	Serial number	Serial number of the abstract within the afore said folder
4.	[ArtTitle]	Abstract title	Title of the abstract as per original study / language
5.	[ArtEqEng]	Abstract title in English equivalent	English equivalent of abstract title
6.	[NmeScholar]	Name of the scholar	Name of the scholar
7.	[NmeGuide]	Name of the guide	Name of the guide
8.	[NmeCoGuide]	Name of the co-guide	Name of the co-guides limited to maximum number of three
9.	[Dept]	Department	Department where the actual work was carried out
10.	[Insti]	Institution	Institution/ College where the actual work was carried out
11.	[Univ]	University	University where the actual work was carried out or the affiliation of the respective Institution / College
12.	[Year]	Year	Year of completion of the academic course
13.	[EnNo]	Enrollment number	University enrollment number or registration number
14.	[Lang]	Language	Language of the thesis/dissertation
15.	[Study]	Study	Course studied/completed Eg. Ph.D, M.D
16.	[SubStudy]	Subject of study	Specialization
17.	[AnyOther]	Any other	Any other related information
18.	[Abst]	Abstract	Maximum of 2000 characters. Structured abstract preferable containing Objective, Methods , Results & Conclusions

Published works in Journal / Bulletin

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4	[ArtTitle]	Article title	Title of the article as per original study / language
5	[ArtEqEng]	Article title in English equivalent	English equivalent of article title
6	[Author]	Name of the author	Name of the first author
7	[Co-Author]	Name of the co-author	Names of the other authors
8	[Journal]	Name of the Journal	Name of the Journal (full form)
9	[Vol]	Volume, Year	Volume number and month/ year of publication
10	[Dept]	Department	Present department and address of the corresponding author
11	[Insti]	Institution	Institution/ University/ Organization/ Industry where the actual work was carried out
12	[Year]	Year	Year when the actual work was accomplished
13	[Lang]	Language	Language of the article
14	[Study]	Study	Highest academic qualification of the corresponding author
15	[SubStudy]	Subject of article	Research area/ specialization
17	[AnyOther]	Any other	Any other information pertaining to the article
18	[Abst]	Abstract	Maximum of 2000 characters. Structured abstract preferable containing Objective, Methods , Results & Conclusions

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	68
4	[ArtTitle]	***A CLINICAL STUDY OF PUSHKARMOOL-HINGULA IN CASES OF TAMAKA-SHVASA WITH SPECIAL REFERENCE TO BRONCHIAL ASTHMA***
5	[ArtEqEng]	
6	[NmeScholar]	Ranjeet Singh
7	[NmeGuide]	Dr. C.B. Dube
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1988
13	[EnNo]	L85/My-139
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The Pushkar-Mula Hingul has been tried clinically in 25 cases of Tamaka-Shvasa (Bronchial –Asthma) with good and satisfactory result 96% cases were improved, 4% cases have not responded the treatment. The maximum susceptibility of the disease was found in 21-30 years and 41-50 years age group in this study. Males were predominant. The disease was common among the service and labourer and middle income group. After treatment symptoms decreased in every patients. Majority of cases were improved. The symptoms of SHVASA-VEG was improved 88%, the improvement of GHURGHURAK SHABDA was 92%, the improvement of KAS was 84%, the improvement of

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KAPHNIRHARNOPARANT KSHANIK SUKH was 96%, the improvement of ANNADVESH was 80%, the improvement of PRATISHYAYA was 91.67%, VAMAN was 100%, and the improvement of SANNIRUDHATTA was 100% Urine, Stool, Sputum were N.A.D., for X-Ray heavy Broncho-Vesicular marking both lung fields.

Statistical test have shown significant change in different symptoms before and after treatment observations. It has been noted that one may find considerable improvement even after a week of treatment, though the patients, have been shown considerable improvement in symptomatology after treatment.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	88B
4	[ArtTitle]	***A CONCEPTUAL ANALYSIS OF KAPHAJA KASA IN AYURVEDIC LITERATURE AND CLINICAL STUDY ON THE EFFECT OF KASAKUTARA RASA AN OBSERVATIONAL STUDY.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Ravi Kiran M.G.
7	[NmeGuide]	Dr. N.A. Murthy
8	[NmeCoGuide]	Dr. Ashok. D. Satpute
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	30 patients were selected for this study, among them, 53.5% were males & 46.60% were females. All the patients were treated with kasakutara rasa in 2 rati size with hot water, once in two hours. With minimum of 6 times to maximum of 5 times per day, for a period of 14 days. In this study it was observed that the complete relief was observed in all patients. The patients who took 6 tables got relieved of all the symptoms on 5th day. And the patients who consumed 8 tables 1 day got relieved on 5th day. But in this case expectoration was completely ceased on 3rd day. So in mild cases, kasakutara rasa can be administered 6 tablets day as adult dose for 5 days. In all the cases appetite was increased

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2nd day onwards. The patients who had constipation were also relieved. But all the patients complained about chest bearing.

The reduction in frequency of cough and quantity of expectoration on the after the treatment was statistically highly significant. On 10th and 15th day the response was statistically not significant. From the study it was found that kasa kutara rasa is having reflex expectorant action. K. kasas kutura rasa is more beneficial in milk variety of kaphaja kasa.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	38B
4	[ArtTitle]	***A STUDY OF TAMAKA SWASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. H. Saraswati
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In this clinical study the author has been concluded, as

1. Administration of shodhana karma (Vamana) will be much beneficial to relieve the symptoms completely by erradicating the doshas.
2. The effect of Vamana karma is highly significant in Tamaka Swasa.
3. The treatment continued for 30 days in this duration. The result was
   a) Marked improvement - 75%
   b) Improvement - 25-75%
   c) No improvement - 0-25%

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	32B
4	[ArtTitle]	***A STUDY ON DHOOMAPANA WITH ITS CLINICAL EVALUATION IN TAMAKA SHWASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Hariprakash
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	Dr. Aruna
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Selected 25 patients belonging to the age group of 15 to 70 years as Dhoomapana is contraindicated for Bala and Vriddha. Out of them 15 were males and 10 were female patients. Tamakashwasa patients having only Kasa, Pratishyaya, Kshavathu, Shwasavega, gurugurushwasam, sayanath kasa, kruchrat kaphanishteevana and those who were fit for Dhoomapana were selected for Dhoomapana Dhattorphala, Shakhadidhoompana for 7 days was given. For this 2 grams of coarse powder of pushpa phala kanda patra of the ripe Dhattoor plant of black variety is used. Out of 25 patients, Shwasakrichrata was relieved in 24 patients gradually with in the span of treatment i.e., within 7 days and for 1 a patient it was reduced and not relieved.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	96B
4	[ArtTitle]	***A STUDY ON THE ROLE OF UPAVASA IN THE MANAGEMENT OF TAMAKA SWASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.Ajithanantha Indra
7	[NmeGuide]	Dr.S.G.Mangalagi
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Tamaka swasa is a disease with a very long history. It correlates closely with bronchial asthma mentioned in modern medicine, in the etiology, etiopathogenesis and in clinical features. The incidence and mortality of tamaka swasa is raising world wide in the recent past. Though it is a very old disease still there is not satisfactory treatment. Upavasa is age old and innovative treatment method of ayurveda. It is one of the important methods of langhana upakrama. Though it is considered as treatment method long before, limited description and direct indication of it are available in the classics. The objective fo the study is to evaluate whether upavasa plays any beneficial role in the management of tamaka swasa, when added to the conventional shamana therapy. If yes,

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whether it is useful in all cases of tamaka swasa or not. If not, to differentiate such cases.

A control study is carried out with incidental sampling. The patients were assigned to two groups A and B. each group consists of 10 patients. Upavasa performed to the patients of group A. conventional shamana treatment was given to both groups for one month.

The role of upavasa was analysed by comparing the results of group A with group B at different intervals.

The average time required for complete relief from symptoms by upavasa is 1.85+/- 0.8 days. The symptoms were significantly less in group A in the first fifteen days when compared to group B. but in the third and fourth week of shamana and after the withdrawal of medicines (for one month) there is not much difference in symptoms were observed between the groups.

The response of upavasa is similar in all cases of tamaka swasa irrespective of their severity and type of asthma.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	152
4	[ArtTitle]	***AYURVEDIC MANAGEMENT OF KASA IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	K.K. Mishra
7	[NmeGuide]	P.V. Tiwari, S.K. Dixit
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1969
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	The present experimental and clinical study was initiated to assess the efficacy of Bibhitaka Kernel (Terminalia belerica) in Vataja Kasa (Tropical pulmonary eosinophilia) commonly found in pediatric age group. The test drug given in the dose of 20mg/100gm body wt. to albino rats pretreated with histamine injection intraperitonially, reduced the raised eosinophil count significantly. Clinical study was conducted in 47 children suffering from unproductive cough, breathlessness, loss of appetite and having raised eosinophil count on blood examination. These cases were divided in two groups. Group 'A' (37) cases were further subdivided in group I & II. 27 cases were kept in group I and received Bibhitaka kernel tab (BKT) 20mg/kg body wt. for 6 weeks. 10 cases of group II were given DEC 20mg/kg

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body wt. for 15- 20 mg./kg body wt. for 6 weeks. 10 cases of group II were given DEC 20mg/kg body wt. for 15 days, however 10 cases of group with pulmonary findings received BKT 20mg/kg body wt. for 7 days. Results were assessed on the basis of relief in symptoms, chest findings, and reduction in eosinophil count, ESR and non recurrence of symptoms. At the end of follow up 23 (85.2%) cases of group A(I) were found cured, 2 cases (7.4%) improved and 2 remained unchanged, whereas in group A(II) 80% cases were cured, 20% remained unchanged. In group B 60% cases were cured, 30% improved and 10% remained unchanged.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	6
4	[ArtTitle]	***BRONCHIAL ASTHIMA MANAGEMENT WITH INDIGENOUS MEDICINES AND YOGA (WITH SPECIAL REFERENCE TO NEUROHUMORS)***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Suresh
7	[NmeGuide]	V.K. Jha, R.N. Dwivedi
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The bronchial asthma continues to be highly distressing and fatal. Many attempts were made to overcome the disease symptoms and process review section contains Nirukti, classification, Purva Rupa and Rupa of Tamaka Swasa. Modern literatures contain different aspects of allergy and different factors which controls it. Special significance is also given to the review of yoga literatures for its beneficial effect in yoga patients. Drugs used for clinical trial in bronchial asthma cases are Adhatoda vasica nees (Vasaka), Albizzia lebbeck Benth (Shirisha) and Solanum xanthocarpum (Kantakari). Diagnosis and clinical evaluation was made Neurohumoral and other biochemical estimations were also done with yoga regimen.

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Skin test for allergy was also and performed and most of the patients were allergic to one or the other allergen.

It was observed that the level of plasma cortisol was significantly low where as that as histamine was raised. Treatment with syrup of above drugs in ten patients and syrup with yoga in capacity in addition to clinical improvement. Improvement in total was more in trial group with yoga therapy. As bronchial asthma is said to be a psychosomatic disease the role of yoga is well established.

Histamine and acetylcholine levels were lowered down with the increase in plasma cortisol level with trial drugs.

The exploration of concept of Pittaasthana was done by gastric analysis and liver function test in 19 cases the tests reveled that 4 (21.05%) patients had normal gastric acidity 5 (26.32%) had achlorhydria, 6(31.56%) had hypocholorhydria and 4(21.05%) had mild hyperacidity. The L.F.T. was also disturbed in 4(10.05%) cases.

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1	[ArtID]	
2	[FolNo]	2
3	[SlNo]	1
4	[ArtTitle]	***COMPARATIVE CLINICAL EVALUATION OF ASMONIL GHRITA (KALPITA YOGA) AND HARIDRA KHAND IN THE MANAGEMENT OF TAMAK SHVASA (BRONCHIAL ASTHAMA) WITH SPECIAL REFERENCE TO THEIR ANTI-HISTAMINIC EFFECT***
5	[ArtEqEng]	
6	[NmeScholar]	Shantul Kumar Gupta
7	[NmeGuide]	Dr. Radhey Shyam Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	2005
13	[EnNo]	02/97982
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	This study includes two trial drugs, of which one is a kalpita Yoga (Asmonil Ghrita); a herbo-mineral compound and other is a well-known anti-allergic Ayurvdic drug (Haridra Khand). **(i) ASMONIL GHRITA** **COMPOSITION :** Manahshil 300 gm, Haritala 300 gm, Abhraka bhasma 250 gm, Haridra 250 gm, Bharangi 250 gm, Sarj-ras 250 gm, Vaasa 1000 gm, Shireesh 400 gm, Shati 400 gm, Somlata 400 gm, Kantakari 250 gm, Kulanjan 250gm, Shunthi 250gm, Yastimadhu 25gm, Goghrita 20 kg.

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Preparation of drug: At first Murchhana of the Ghrita is done to remove the Aama dosa of it. Herbals like Soma, Vaasa, Bharangi and Shireesh are used as decoction material while other are used in Kalka form. The Kalka and Kwath are added to Murchhita Ghrita and go for its Madhyam Paka. At last Suddha Manahshil, Suddha Haritala, Abhrak Bhasma (Sahasra Puti, made in pharmacy of N.I.A) and Sarja Rasa are added in Ghrita. After it Shrita is filtered and packed. The Ghrita Paka is done in the pharmacy of National Institute of Ayurveda, Jaipur.

The present work entitled "Comparative clinical evaluation of Asmonil Ghrita (Kalpita Yoga) and Haridra Khand in the management of Tamak Shvasa (bronchial asthma) w.s.r. to their anti-histaminic effect", comprises of Conceptual study that includes literary Review, Previous work, Disease Review (Ayurvedic review and Modern review), Drug Review, Clinical Study, Discussion, Summary &

The present study is conducted with following Aims & Objectives:-

* To evaluate the efficacy of Haridra Khand in the management of Tamak Shvasa.
* To evaluate the efficacy of Asmonil Ghrita in the management of Tarnak Shvasa.
* To evaluate the combined effect of Asmonil Ghrita and Haridra Khand in the management of Tamak Shvasa.
* To evaluate the comparative effect of Haridra Khand and Asmonil Ghrita in the management of Tarmak Shvasa (bronchial asthma) w.s.r. to their anti-histaminic effect.

Tamaka Shvasa is mentioned as a one of the variety of Shvasa Roga having Kapha dominancy. It is always present as a Swatantra vyadhi while other Shvasa may presents as a symptom/ complication in other diseases. Tamaka Shvasa may be correlated with bronchial asthma described in modern literature. Bronchial Asthma is considered as a chronic airway inflammatory disease. As with all chronic diseases rising prevalence is only part of the concern.

Although patients with severe asthma are fewer in number

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than those with milder asthma, patients with inadequately controlled sever asthma have high expenditure in health care cost especially in terms of hospitalization.

* Group-C receiving both Asmonil Ghrita and Haridra Khand drug had shown better response in reducing breathlessness, expectoration etc. than other two groups.
* Response of therapy in subjective parameter, Group C> B > A.
* In objective parameters, Asmonil Ghrita (Group-B) showed better response in improvement of FEV_1, FVC, PEFR and ESR, AEC reduction than Group-A (Haridra Khand).
* In Group-C receiving both trial drugs had shown better response by increasing FEV_1, FVC, and PEFR and by reduction of ESR and AEC.
* Response of therapy in objective parameter, Group C>B>A.
* Group-B (Asmonil Ghrita) shows better anti-histaminic effect by decreasing absolute eosinophil count than Group-A (Haridra Khand).
* Overall effect of therapy in subjective symptoms had shown marked improvement in Group-C (68.88%) followed by Group-B (61.52%) and Group-A (53.62%).

Overall effect of therapy in objective parameters had shown marked improvement in Group-C (16.27%) followed by Group-B (11.65%) and Group-A (7.49%).

After completion of whole research work, the present study can be concluded as follows-

* Process of respiration mentioned by Sharangadhara was scientific one & it describes respiration at Alveolar level.
* To understand pathogenesis of Tamaka shvasa, knowledge of Avarana of Vayu is essential. Two types of pathogenesis occurs in Tarnaka shvasa i.e. Vata dominating & Kapha dominating pathogenesis.

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* Though very much controversies put forth regarding Pittasthana by various Acharyas & scholar's Pittasthan should be considered in relation with digestive enzymes only i.e. In Grahani (Duodenum & small intestine) where all digestive enzymes are secreted. Improper function of these enzymes results into Ama formation that is root cause for Tamaka Shvasa.
* Up till now Bronchial Asthma is considered as Allergic reaction only but now trends has been changed & Bronchial Asthma is considered as chronic airway inflammatory disorder.
* Asmonil Ghrita gives better results in chronic Asthmatic Patients in relieving Symptoms. Ghrita Kalpana gives better improvement in Symptoms this shows dominancy of Vata in pathogenesis. In Chronic Stage due to Breathlessness respiratory rate increases that produces Rukshata in Pranavaha Srotasa hence Ghrita Kalpana may becomes beneficial in chronic stage. Management principles differs in both Vata dominating & Kapha dominating pathogenesis hence diagnosis of disease is important other wise it will worsen condition.
* Asmonil Ghrita shows marked reduction in A.E. Count that shows Antihistaminic property of drug. Both Asmonil Ghrita and Haridra Khand are good medicine for management of allergic type of bronchial asthma (Tamak Shvasa), but it will be more effective if both drug used simultaneously.
* Preventive measures (Non Drug Therapy) may play a major role in management of allergic (atopic) type of Tamak Shvasa (B.A.)

Recommendation:

In future, study may be conducted on same drug with large Sample & by increasing the follow up period that cannot be performed in present study due to some limitation. In future studies estimation of serum IgE level should be done before & after treatment to prove its efficacy on immune system.

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1	[ArtID]	
2	[FolNo]	2
3	[SlNo]	1
4	[ArtTitle]	***COMPARATIVE CLINICAL EVALUATION OF ASMONIL GHRITA (KALPITA YOGA) HARIDRA KHAND IN THE MANAGEMENT OF TAMAK SHVASA (BRONCHIAL ASTHAMA) WITH SPECIAL REFERENCE TO THEIR ANTI-HISTAMINIC EFFECT***
5	[ArtEqEng]	
6	[NmeScholar]	Shantul Kumar Gupta
7	[NmeGuide]	Dr. Radhey Shyam Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
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12	[Year]	2005
13	[EnNo]	02/97982
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	This study includes two trial drugs, of which one is a kalpita Yoga (Asmonil Ghrita); a herbo-mineral compound and other is a well-known anti-allergic Ayurvdic drug (Haridra Khand). **(ii) ASMONIL GHRITA** **COMPOSITION :** Manahshil 300 gm, Haritala 300 gm, Abhraka bhasma 250 gm, Haridra 250 gm, Bharangi 250 gm, Sarj-ras 250 gm, Vaasa 1000 gm, Shireesh 400 gm, Shati 400 gm, Somlata 400 gm, Kantakari 250 gm, Kulanjan 250 gm, Shunthi 250 gm, Yastimadhu 250 gm, Goghrita 20 kg.

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Although patients with severe asthma are fewer in number than those with milder asthma, patients with inadequately controlled sever asthma have high expenditure in health care cost especially in terms of hospitalization.

Group-C receiving both Asmonil Ghrita and Haridra Khand drug had shown better response in reducing breathlessness, expectoration etc. than other two groups.

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* In Group-C receiving both trial drugs had shown better response by increasing FEV_1, FVC, and PEFR and by reduction of ESR and AEC.
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1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	30
4	[ArtTitle]	***CLINICAL STUDY OF TROPICAL PULMONARY EOSINOPHILIA VIS-A-VIS VATIK KASA WITH SPECIAL REFERENCE TO ITS TREATMENT WITH APARAJIT LEH***
5	[ArtEqEng]	
6	[NmeScholar]	Ban Behari Pattanayak
7	[NmeGuide]	Dr. P.N. Pandey
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1983
13	[EnNo]	21979/73
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	A comparative study on tropical pulmonary Eosinophilia Vis-a-vis Vatik-Kasa with a compound herbal drug Aparajitleha and control drug D.E.C was carried out and the salient features of the study are 1. Tropical pulmonary Eosinephilia resembles with Vatik-Kasa. 2. Aparajit leha was found as an eosinopenic agent having best results in reducing Absolute Eosinophil Count with an identical effect to D.E.C. 3. Aparajit leha did not show any toxic effect. 4. Diethylecarbamazine showed mild toxic effect.

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5. Relief in symptoms proceeded the fall of Absolute eosinophil count after administration of drugs with either group.
6. Aparajit leha and D.E.C reduced the raised A.E.C. and eosinophil percentage within a period of 4 weeks. The reduction in A.E.C. is slightly better by D.E.C than Aparajit leha.
7. Both the drugs showed almost similar results.
8. Aparajit leha probably possess an eosinopenic action.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	192
4	[ArtTitle]	***COMPARATIVE STUDY OF KRISHNA TULASI AND TULASI IN EOSINOPHILIA***
5	[ArtEqEng]	
6	[NmeScholar]	M.P. Singh
7	[NmeGuide]	C. Chaturvedi, K.N. Agarwal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Tropical pulmonary eosinophilia (TPE) is one of the prevalent diseases in tropical countries like India. DEC (Diethyl Carbamazine) is the drug of choice in this condition but some cases are found resistant to DEC. It initiated the search for another remedy which forms the basis of the present work. Various species of Tulasi are found in our country but Krishna Tulasi (Ocimum sanctum) and Tulasi are common. Experimental study conducted in pigs revealed that both types of Tulasi have eosinopenic effect in the doses of 200mg/100gm body wt. Eosinopenic effect of both these varieties was found near equivalent to DEC. Sixty cases of TPE were divided into three groups. Group I & II received both varieties of Tulasi separately in the doses of

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100mg/kg day in three divided doses for 4 weeks. III rd group received DEC in the doses of 10mg/kg/day in three divided doses. Analysis of the parameters revealed that signs and symptoms were relieved equally in all the groups. The findings of the study affirm that both types of Tulasi are effective in TPE which is almost parallel to DEC.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	170
4	[ArtTitle]	***FURTHER STUDIES ON EFFECT OF HEDYCHIUM SPICATUM IN TROPICAL PULMONARY EOSINOPHILIA IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	K.L. Sharma
7	[NmeGuide]	P.V. Tiwari, K.N. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Based on the study conducted by Sahu (1973) on crude powders of Shati in Tropical Pulmonary Eosinophilia (TPE), the present study was initiated to evaluate its various extracts so that doses can be reduced and prepared the drugs in palatable form (syrup). Initial study conducted with alcoholic and petroleum ether extract revealed poor response with petroleum ether. So alcoholic extract was put to animal experimentation in the dose of 50mg/100gm body weight. Clinical study was conducted in 40 children with in the age of 1-14 years suffering on T.P.E., 30 children were kept in group 'A' and 10 children in group 'B'. Group 'A' received Shati extract (AEHS) 3mg.kg body wt. in three divided doses and group B received DEC 10mg/kg body weight.

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Almost identical results were obtained in both the groups as 90% cases in group 'A' were cured, 6.67% improved and 3.33% remained unchanged. In group 'B' (DEC) 90% cases were found cured and 10% remained unchanged.

Findings suggest beneficial use of Shati extract (Alcoholic) in children.

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1	[ArtID]	
2	[FolNo]	18 B
3	[SlNo]	1
4	[ArtTitle]	***STUDY OF HARITAMANJARI AND ITS EFFECT ON KAPHAJA KASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.N.Anantharaman
7	[NmeGuide]	Dr.S.Swaminathan
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Clinical trial of Haritamanjari on twenty cases of kaphaja kasa leads to these conclusion that before the commencement of treatment, the patients exhibited a high eosinophil count varying from 44% to 7%. But after the completion of the treatment the consinophil count was from 5% to 10%. The patient treated with churna recorded 60% cu.sec. Whereas with Svasasa group the cube rate was 100%. Even though this drug is not included in the classical drugs issued in kasa or Svasa it can be a good substitute for urdva bragahavan drugs. The long standing traditional and folkflore date relate its use in kasa. Some of the skin diseases joints. The evidence of its widespread use in the siddha system both as ekamulika and in various yogas also supports this view.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	20B
4	[ArtTitle]	***KASA AND ITS MANAGEMENT WITH SPECIAL REFERENCE TO KAPHAJA KASA.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Suresh
7	[NmeGuide]	Dr. T.S. Vanajakshamma
8	[NmeCoGuide]	Dr. K. Krishnamurthy
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The disease Kasa which is extensively seen all over the world at all age groups was taken for the study. Since Kaphaja Kasa was seen in large number of patients as it was seen in all age groups and it sadya for treatment. 20 cases were selected for drug trail in that 13 were male and 7 were female of age group 10 years to 10 years and all selected patients were administered Marichadhi Vati in a dose of 1 shara 1dose and Vasavalehya in dose of 3 marhas BD for 30 days. In 50% of cases the Kaphaj Kasa was cured, in 35% of cases Kaphaj Kasa was relieved and in 15% of cases no response to drug therapy was noticed. So it was conducted that Marichadivati and Vasavahlehya proved effective in Kaphaj Kasa.

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1	[ArtID]	
2	[FolNo]	1B
3	[SlNo]	15
4	[ArtTitle]	***KANTAKARI KSAR KA KASA ROGA PAR KRIYATMAK ADHYAYAN***
5	[ArtEqEng]	
6	[NmeScholar]	K.Y.Krisnaji
7	[NmeGuide]	Hari Shankar Sharma, Ambika Datta Misra
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Institute of Post Graduate Teaching & Research in Ayurveda, Jamnagar
11	[Univ]	Gujarath Ayurveda University, Jamnagar
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.S.A.M
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	This study deals with the preparation of Kantakari kshara and evaluation of its efficacy in Kasa. In clinical study, 15 patients of Kasa were treated with Kantakari kshara in a dose of 500mg thrice daily with hot water for one week and 1 gm thrice daily with hot water for second week. It was observed that 9 patients got complete relief and 6 patients got moderate relief. Diuretic action of drug was also observed with this trial drug.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	73B
4	[ArtTitle]	***MANAGEMENT OF TAMAKA SWASA WITH GAURI PASHANA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. R. Jayaraj
7	[NmeGuide]	Dr. V.K. Deshpande
8	[NmeCoGuide]	Dr. S.G. Mangalagi
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1995
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The patient having the pratyatmaka lakshana of Swasa as told in the classics were selected in random order. The drug were administered in the dose of 1/120th ratti or 5 mg in divided doses for a duration of 30 days with honey as anupana. On observing the patients it was seen that most of the patients had relief from the pratyatma lakshana of Tamaka Swasa except for a delayed response in those patients with corticosteroids and no effect in patient who consumed corticosteroids regularly for a prolonged period. But the following adverse effects can be seen – Nausea, Vomiting, diarrhoea, myalgia, flatulence, retro-sternal burning sensation, anorexia, facial oedema, Herpes zoster, headache, menstrual for sensation of increased body heat, impaired taste sensation, bone marrow depression.

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Its limitation :- modern research claims that it will produce Visha lakshana like carcinoma of skin as late as 10 years. This is the factor which creates hesitation is using Gauripashana therapeutically. But Shodana may diminish or nullify this lakshana.

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1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	4
4	[ArtTitle]	***PIMPALICHE KASAGHNA GUNAKARMACHE ATURALAYINA ADHYAYANA***
5	[ArtEqEng]	Study of efficacy of Pippali in Kasa
6	[NmeScholar]	S.R.Rakhunde
7	[NmeGuide]	V.A.Mahajan
8	[NmeCoGuide]	
9	[Dept]	Dravyaguna vignyana
10	[Insti]	Shree Ayurveda Mahavidyalaya,Nagpur
11	[Univ]	Nagpur university
12	[Year]	1999
13	[EnNo]	SAM 303/97, K/41882
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Dravyaguna
17	[AnyOther]	
18	[Abst]	Kasa is the disease most prevalent in low economic strata. The powder of lendi pimpali in the dose of 1gm. Along with honey was given three times in the day to the patients of kasa. One gram was the adult dose, although there was variation in the dose according to age and strength of the patient. Also anupana was also changed in different groups. It was found very effective in all cases except in old age where it was not so significant. But in such cases it was given along with some other medicines for associated symptoms, it cured well.

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1	[ArtID]	
2	[FolNo]	18 B
3	[SlNo]	2
4	[ArtTitle]	***STUDY OF SHANKHA–VISHA AND ITS EFFECT ON TAMAKASWASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.T.R.Ahandalwar
7	[NmeGuide]	Dr.S.M.Angadi
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[Any another]	
18	[Abst]	The study was done on 40 patients. Ksheera shodhita shankha visha acted quickly in relieving the complaints such as swasakru charata, Tamovasdhona, anidrata, kasa and kaphanishtcevana, koojana, kasa in patients as compared to karvella shodhita shankha visha less number of side effects were developed in patients treated with ksheera shodhita shankha - visha as compared to patients treated with karvella shodhita shankha visha.

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	40
4	[ArtTitle]	***AN PRELIMINARY STUDY OF THE EFFECT OF HARIDRA (CURCUMALONGA LINN) IN CASES OF TAMAKASSWASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Jolly Kutty Eapen
7	[NmeGuide]	Dr.V.G.Neginhal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	An clinical evaluation it was observed that the drug hastens the recovery from tamaka swasa with symptomatic relief and suphoria well before the clinical cure is gained. Though haridra. Combined with honey showed more efficacious in the disease, probably the catalytic property of honey enhance the action of drug resulting better cure rates in that drug. Tamaka swasa, the combined effective action of haridra with honey reveals a wide scope of research its bronchodilative, anthistaminic and anti allergic properties.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1326
4	[ArtTitle]	***AETIOPATHOGENESIS AND MANAGEMENT OF SWASA ROGA IN AYURVEDA - A CONCEPTUAL, SURVEY, CLINICAL AND EXPERIMENTAL STUDY WITH SPECIAL REFERENCE TO ITS TREATMENT WITH ANTARDHUMA ARK BHASMA***
5	[ArtEqEng]	
6	[NmeScholar]	C.B. Dube
7	[NmeGuide]	Y.N. Upadhyay
8	[NmeCoGuide]	Ramji
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The Ayurvedic concept of Aetiology, aetiopathogenesis and treatment of 100 cases of Svasa roga by antardhooma Arka bhasma has been tried. Whole plant of Arka has been used in the form of antardhooma bhasma in the dose of 1-3 ratti with honey or warm water. For preparation of antardhooma Arka bhasma, all five parts of the Calotropis procera and gigantia have been burned in the closed vessel, getting it dried in the shade, till it turned to charred or a black powder. The clinical study of the Arka bhasma given a good symptomatic relief in different etiology of dysponea. The drug was found having no effect on the reduction of eosinophil

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count but gave good response in ameliorating the symptoms of vatika Kasa. The drug can be proved as good as any other modern medicine in producing symptomatic relief. The Shvasahara effect is proved statistically. The result of treatment of Shvasa with antardhooma Arka bhasma was found highly significant.

In experimental study, Guinea pig has been selected. The aqueous extracts of antardhooma Arka bhasma and its petroleum ether, benzene and alcoholic extracts have been given after inducing broncho-constriction by histamine in animals. It is observed that it has a good stimulating action on smooth muscles. In the nut shell, Arka bhasma was found clinically as well as experimentally a drug of choice in the treatment of Shwasa roga due to its all koline, sedative expectorants, smooth muscle stimulating and mild laxative actions.

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	46a
4	[ArtTitle]	***A CLINICAL STUDY ON THE AFFECT OF AN INDIGENOUS HERBAL COMPOUND IN TAMAKA SWASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.C.Madhasudan Sharma
7	[NmeGuide]	Dr.V.G.Neginhal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	

1. The combination selected for the study was from Saragadhara samhita. The drugs selected were fruits of Kantakari, seeds of Jeeraka and pulp of amalaki fruit. The powder of the combination was made with equal parts of all the three drugs.

2. Eighteen cases were selected and were divided the three groups of six each on group A, group B, and group C for the purpose of study with the help of questionnaire based on charaka samhita irrespective of their age, sex, profession chronicity of the disease.

3. Three grams of powder with double the quantity of honey three time a day group A, and the same dose of powder with equal quantity of honey was mixed well before and

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preserved and then administered in the form of Leha (Group B) and YSMJ 75 ml. of Hima of the compared was administered three times a day (Group C)

4. The present observation reveals that the symptoms shwasa krachnata, keyaner, kayachikista, agnimandya were released in group B, prashyana. Swidyata were revealed well in group B and Shuskasyata, kasa were released in Group A and C.

In this study two preparations were taken up with an intension of assessing which would be more effective. According to this study, hasitidanta masi with thila thila has shown better results than hastidanta masi with Dasanjana.

Eventhough this preparation is costly and poses difficulty in obtaining hastidanta (ivory) casot production would not be exburbitent compared to the severity posed by the problem.

The over emphasized statement in susrutha cannot be considered as exagaration regarding the use of hastidanta masi.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	87B
4	[ArtTitle]	***THE ROLE OF RASAYANA IN TAMAKA SWASA CHIKITSA WITH THE SPECIAL REFERENCE TO THE EFFECT OF BVHARNGI HARITAKI AVALEHA.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Ashok.M.Eti.
7	[NmeGuide]	Dr. N.A. Murthy
8	[NmeCoGuide]	S.G.Managalagi
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Tamaka Swasa was selected for the research study to arrive at a specific, accurate, outdoor medical management which causes lease discomfort to the patient and can be easily be administered by the doctor. The research design was a pre test post-test design with an observation study. 15 cases were incidentally selected for the study. Patients were diagnosed on the basis of questionnaire prepared from charaka's description about Tamaka Swasa. The etymology, definition, history, etiological factors, signs and symptoms treatment, rasayana and its synonys age factors, yogya, Ayogya persons, even bronchial asthama, geriatrics were reviewed.

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In the clinical study the effect of bharngi haritaki avaleha as a rasayana measure was assessed through an observational study. 15 patients having tamaka swasa (Bronchial Asthma) participated in 45 days of treatment regimen. There was significant (pis greater that 0.001) reduction in number of attacks and severity of the disease and also increased peak flow meter values as evaluated by students 't' test. Also there was decline in E.S.R, A.E.C. lymphocytes and increase in body weights, HB% were noticed no untoward side effects were observed.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	55
4	[ArtTitle]	***TO EVALUATE THE EFFECT OF AMRIT BHLLATAKA RASAYANA IN THE PATIENTS OF TAMAK SHVASA WITH AND WITHOUT VAMAN.***
5	[ArtEqEng]	
6	[NmeScholar]	Yogeendra Prakasha Dubey
7	[NmeGuide]	Dr. C.B. Dube
8	[NmeCoGuide]	Dr. R.K. Mishra
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1989
13	[EnNo]	78/22362
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In present study 38.46 per cent patients belong to fourth decade in majority. Male cases were predominant over the female patients as 65.38 per cent and 34.62 per cent. Predominance of males in TAMAK SHVASA is also reported by previous authentic workers. Although disease knows no bars to religion, but in this study Hindus were predominant as 92.31 per cent. Regarding the occupation, maximum patients i.e. 38.46 per cent were found from service class followed by 26.93 per cent house ladies. On the basis of monthly income, we have classified the patients as lower, middle and higher income groups with their monthly income below Rs. 1500 between Rs. 1500 to Rs. 3000 and more than Rs. 3000 respectively. We found 57.7 per cent cases from middle income group.

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In majority, 84.61 per cent cases belonged to urban areas which indicate that pollution of urban area acts as predisposing factor of TAMAK SHVASA. While considering the diet 61.54 per cent were non-vegetarian, although it is very difficult to establish any relation between disease and diet influence.

34.62 per cent cases were suffering from 1-5 years, 26.93 per cent from 6-10 years, 19.23 per cent from 11-15 years, 11.54% percent from 16-20 years and 7.68 percent from less than one year. Family history of the disease was found positive in 15.38 per cent cases. In 11.54 per cent father of patients and in 3.84 per cent mother of patient was asthmatic. At this place it is necessary to mention that Dube, C.B. (1970) had found 26.33 per cent such cases out of 300 cases.

In our study 38.45 per cent patients were addicted to Tobacco smoking and 15.39 per cent each to alcohol and tobacco chewing, while 30.77 per cent cases had no addiction.

The most annoying and distressful condition is expiratory dyspnoea, without which a patient cannot be diagnosed as patient of TAMAK SHVAS, The severity of spasm is directly proportional to the severity of disease, and it has been found in 100 per cent cases along with cough and expectoration. The removal of spasm of bronchodilation and expectoration of contents of the lumen of bronchi is the treatment of TAMAK SHVASA. It has been found that after VAMAN KARMA the spasm due to VATA, obstruction due to KAPHA which are causative factors of the disease are subsided and removed by the VAMAN KARMA. This is why it gives a prompt relief to the patients and this si our observations in present study in comparison to SANSHAMANA CHIKITSA which has taken more time with less effect and doing so, other symptoms pain, tightness and constriction of chest were found.

The result was found 70 per cent improved cases in VAMAN KARMA + A.B.R. and 50 per cent in only A.B.R. treated group.

Other symptoms as pain, tightness and constriction of chest were found 93.75 per cent in group 'A' and 80 per cent in group 'B', which reduced 60 per cent in group A and 75 per

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cent in group B respectively. Remarkable improvement was noted in loss of appetite in Group A and Group B both. The relief percentages were 71.43 percent in group A and 77.78 per cent in group B Constipation and palpitation were also relieved to its maximum after treatment.

Improvement in vital capacity (VC) there were 81.25 percent cases ranging 500-1000 C.C. of VC before treatment in group 'A' and 90 per cent in group 'B' respectively, which improved to their predicated value after 6 weeks treatment and there were no improvement in 6.25 per cent cases in this range and per cent improvement was found in group 'B' 37.5 per cent cases improved to 2500 to 3000 c.c. of VC in group 'A' and 50 per cent cases reached in this range in group 'B' respectively. In few cases rashes on the body and pruritis ani, vulvae and glans penis were noted which disappeared by reducing or stopping the dose and by use of PITTASHAMAK CHIKITSA.

Result has been assessed on the basis of subjective and objective improvement. The result has been divided in 3 categories.

1. Improved
2. Symptom free
3. No response.

56.25 per cent cases and 80 per cent of cases were found improved in group A and B respectively. Symptom free cases were 18.75 per cent and 10 per cent in group A and B respectively. There was no response in 25 per cent cases in group A and 10 per cent cases in group B.

The overall assessment of the clinical trial of drug AMRIT BHALLATAKA RASAYANA in the form of SANSHAMANA CHIKITSA and after SANSHODHANA CHIKITSA, the result is certainly better in patients who took the treatment after VAMAN therapy. But it was observed that the patients were very much reluctant to undergo VAMAN therapy it was observed that their liking and preference was to take the treatment without VAMAN though they were made

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understand the consequences and result of both types of therapy. The result was also found quite appealing and encouraging keeping all the points in view.

In has been observed by our learned professor Dube, C.B. that where AMRIT BHALLATAKA RASAYANA has suited to the patients without any side effect has proved a curative treatment, in few patients putting forward a ray of light for achievement of goal in future, requires further study in large sample with specific causes.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	184
4	[ArtTitle]	***TREATMENT OF TROPICAL PULMONARY EOSINOPHILIA WITH OCIMUM SANCTUM LINN AND PHYLLANTHUS URINARIA LINN.***
5	[ArtEqEng]	
6	[NmeScholar]	Jayasingh, Ballana Kumar
7	[NmeGuide]	C. Chaturvedi, V. Bhargava
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Tropical Pulmonary Eosinophilia (TPE) is characterized by classical tiring cough, laboured respiration with absolute eosinophil count being over 2000/cu mm. Experimental study carried out to know the eosinopenic property of Krishna Tulasi (Ocimum sanctum) and Bhumyamalaki (Phyllanthus urinaria) revealed that Krishna Tulasi is potent enough to reduce eosinophil count but Bhumyamalaki does not possess this quality to use it clinically. The present study conducted in 84 children suffering from TPE. All the children were given the test drug i.e. Krishna Tulasi and DEC in double blind method. Powder of Ocimum sanctum (OS) was given in the doses of 200mg/kg body wt. in 3 divided doses, where as diethylcarbamazine (DEC) in

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the doses of 10mg/kg body wt. for 14 days continuously.

Results after decoding the drugs revealed that 16 (66.56%) cases of both groups were cured where as 7 (29.17%) cases of OS group and 6 (25.00%) cases of DEC group improved, only 1 (4.17) cases of OS group and 2 (8.34%) cases of DEC group remained unchanged.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***A CLINICAL TRIAL OF KANTAKARI (SOLANUM XANTHOCARPUM) IN CASES OF TAMAK SWASA (SOME RESPIRATORY DISEASES)***
5. [ArtEqEng]
6. [NmeScholar] J. P. Jain
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Govt. Ayurvedic college, Gwalior.
11. [Univ]
12. [Year] J. R. A. S. Vol. I, No. 3, (1980) pp. 447-460.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] The paper reports effect of Kantakari in cases of Tamaka Swasa vata pradhan and Tamaka Swasa sleshma pradhan. The parameters adopted and investigations carried out are also detailed in the paper to appreciate the observations.

Out of 21 cases of Tamaka Swasa sleshma pradhana, 13 cases have shown either complete or significant response (>60%) Kantakari has a definite effect in diminishing the intensity of dyspnoea and cough and nearly 70%-75% of cases have shown either complete or significant response. The amount of sputum also diminshed by 50% or more in about 80% of cases. There was 50% or more relief in difficulty in expectoration in 50% or more reduction in the auscultatory physical signs in lungs 50%-60% cases. The reduction in

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airway resistance as assessed by pulmonary functions has been found to be insignificant on statistical analysis.

Out of 23 cases of Tamak Swasa Vata Pradhan, only 7 cases have shown either complete or significant response (about 30%) There was 50% or more reduction in intensity of dyspnoea and cough in 40%-50% cases. The amount of sputum diminished by 50% of the cases. There was 50% or more relief in difficulty in expectoration in about 10% of the cases. The auscultatory physical signs in lungs diminished by 50% or more in 40% of cases. The reduction in airway resistance as assessed by pulmonary function has been found to be insignificant on statistical analysis.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***MANAGEMENT OF TAMAKASHVASA (BRONCHIAL ASTHMA) WITH PUSHKARAMOOLADI CHOORNA***
5. [ArtEqEng]
6. [NmeScholar] A. J. V. Sai Prasad and B. N. Upadhyay
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kayachikitsa
10. [Insti] Institute of Medical Science,
11. [Univ] Banaras Hindu University, Varanasi-221 005.
12. [Year] Ancient Science of Life, Vol. No. 18(2), October 1998, Pages 130-133
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Pushkaramooladi choorna was tried clinically in Tamaka Shvasa (Bronchial asthma) for a period of 45 days in consecutive 3 followups. The clinical, laboratory and pulmonary function tests carried out show significant antiasthmatic effect. Twenty five patients having bronchial asthma were randomly selected for the study. The result of the clinical study confirm the anti-asthmatic effect of the compound drug Pushkara, Sati and Amalaki. There was significant decrease in the mean grade score of dyspnoea after 2 wks, 4 wks and 6 wks of treatment. Cough, weezing, days of asthmatic per week, frequency of attacks per week, severity of attack and respiratory rate shows significant effect after 2weeks of treatment, FEV1 and FVC results not showing significant after two weeks of treatment but it was significant after 4 and 6 weeks of treatment.

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4.7. ANO-RECTAL DISORDERS, KSHARASUTRA THERAPY AND SURGICAL CONDITIONS

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	54
4	[ArtTitle]	***A SCIENTIFIC STUDY ON AGNI – KARMA (AN EXPERIMENTAL APPROACH)***
5	[ArtEqEng]	
6	[NmeScholar]	Vaisnawa, Shrawan Das
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1968
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In this study the origin of Agni and Agnikarma, effect of agnikarma on body tissue. pathogenicity of it, treatment of coutery and gradual development and deterioration in its present status have been reviewed. Rat's skin was chosen for burn wound and intestinal muscosa of rats for the study of depth and damage of intestinal layer. The agnikarma was done by metals and non metals. No drug was used in this study. Different types of burns and patterns of healing were studied by histological examination. It was concluded that wound contraction and healing of simple excised wound differs from burn wound. Simple wound heals up mostly by 6th day while burnt wound heals up from to 18 th to 21st day. Early disappearance of mucorolly sacharides and late formation of collagen facilitates early healing of burn wounds.

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1	[ArtID]	
2	[FolNo]	20 A
3	[SlNo]	5
4	[ArtTitle]	***EFFECT OF DIFFERENT SAMPLES OF ABHAYARISTA WITH SPECIAL REFERENCE TO ITS PURGATIVE EFFECT IN ARSA-ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Pashupati Nath Tiwari
7	[NmeGuide]	Dr. Satyarth Prakash
8	[NmeCoGuide]	Dr.C.M.Kansal , Dr.N.N.Pandey
9	[Dept]	Department of Rasashastra and Bhaishajya Kalpana
10	[Insti]	Rishikul State Ayurvedic College, Haridwar
11	[Univ]	Shri Chatrapathi Shahuji Maharaj University, Kanpur
12	[Year]	1991
13	[EnNo]	K/88132
14	[Lang]	
15	[Study]	M.D.
16	[SubStudy]	Rasashastra and Bhaishajya Kalpana
17	[AnyOther]	
18	[Abst]	The alcoholic preparation like Sura, Maireya, Madya were described during the Buddhist period, Kautilya (2nd century B.C.) was the first to describe the medicinal aspect of Asav/ Aristh. The standard method of preparation of Asav/Aristh is described in the text Sarangadhara Samhita. The basic idea of Pakva – APakava was first introduce in this text. The Abhaiya find its own importance in Ayurvedic classics. Keeping in mind the purgative effect; two methods. Were employed for the preparation of Abhayaristh. The first was as per Charak Samhita where as the second was of Bhaishajya Ratnavali. The container for the preparation was chosen of earthen, steel drums as to observe any chemical change in the prepared drugs.

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The aforesaid four samples of Abhaiyaristh were prepared as per textual reference. The physio chemical standards for these preparations were worked out. These physio chemical constant for whom the chemical constants were worked out are wt/ml, sp.qravity, viscosity, acid value, solid contents, alcohol value, Total Sugar, Non reducing sugar, colour in U.V. light etc.

Alcoholic contents & total sugar for the earthern & steel drum preparations were 6.2, 6.4, 4.8, 5.1 and 4.8, 5.1, 40-76 respectively. The less percentage of alcohol & more sugar clearly shows that the total fermentation was not to be said completed, although the temperature of the surroundings was controlled by using Heaters. The clinical study on Arsh Roga for its purgative effect on 10 patients clearly shows the better effect on constipation. Very good purgative effect on the patients of Arsa Roga was observed for these preparations.

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1	[ArtID]	
2	[FolNo]	2
3	[SlNo]	7
4	[ArtTitle]	***THE CLINICAL STUDY TO EVALUATE THE EFFICACY OF ARSHAGHNA MAHAKASHAYA WITH NAGKESHARA IN THE MANAGEMENT OF RAKTARSHA (BLEEDING PILES)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Dhananjay Sarkar
7	[NmeGuide]	Prof. S.S. Sharma
8	[NmeCoGuide]	Dr. H.K. Kushwah
9	[Dept]	Department of Shalyatantra
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	2001
13	[EnNo]	98/43909
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalyatantra
17	[AnyOther]	
18	[Abst]	To evaluate the efficacy of Arhoghna Mahakashaya with Nagkeshar in the management of Raktarsha (Bleeding Piles) 40 patients were selected from the OPD/IPD of Arogyashala, National Institute of Ayurveda, Jaipur. The selected patients were examined thoroughly and investigated properly according to the case sheet specially prepared for the study. Selected patients were divided in four groups according to the method of treatment. Group A patients were treated by placebo therapy. Group B patients were treated by Nagkeshar churna alone. Group C patients were treated by Cap. A.M.K. alone.

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Group D patients were treated combinedly by Cap. A.M.K. and Nagkeshar churna.

Efficacy of the drugs was observed on four main clinical findings of Raklarsha – agnimandya (loss of appetite), constipation, pain in anal region and bleeding per rectum.

Following conclusions were drawn at the end of this study:

1. Cap A.M.K. and Nagkeshar Churna combined show highly significant effects on Agnimandya (loss of appetite) in Raktarsha (t= 7.964, P<0.001, 77.27%).
2. Combined therapy has highly significant effects on constipation (t=8.99, P<0.001, 91.3%)
3. Combined therapy shows significant effects to control pain in anal region in comparison of other therapies (t=5.671 P<0.01, 93.75%)
4. Combined therapy shows significant effects to stop bleeding P/R in Raktarsha (t=9.302, P<0.001, 96.15%).
5. Combined therapy shows significant effects to correct Anaemia (16.1%) after 1 months of the treatment.
6. Effect of Combined therapy is better (65.5%) even after 1 month of the treatment.

SO, ARSHOGNA MAHAKASHAYA WITH NAGKESHAR HAS HIGHLY SIGNIFICANT EFFECTS (T = 17.638, P < 0.001, 89.65%) IN THE MANAGEMENT OF RAKTARSHA (BLEEDING PILES).

Scholar's View:

In spite of all precautions, there may be some error in this dissertation. Readers are cordially requested to point out the same and to judge, assess and accept the truth.

This dissertation is a humble contribution from the scholars end in this field to the patient of Raktarsha for their better life.

Need of further study:

Here is my suggestions for the need of more concentration in the following points:

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1. Assessment criteria require more modification for accurate observations.
2. There is no procedure, presently available to measure the blood loss accurately. This may be developed.
3. Modification of treatment is necessary regarding dose and duration of the drug.
4. Further research works are needed to evaluate the efficacy of the drug on other symptoms.
5. Some objective criteria for assessment should be developed with the help of modern laboratory technique.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1402
4	[ArtTitle]	***ROLE OF PARASURGICAL MEASURES IN THE TREATMENT OF ARSHA (HAEMORRHOIDS)***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Braj Nandan
7	[NmeGuide]	Deshpande P.J.
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	In the study 1000 cases were studied by Bheshaj, Shastrakarma, Raktavasechan and Agnikarma measures in S.S. hospital O.P.D. This was concluded that 91% patients of Arsha belongs to the age groups of above 20 years and were of vatika prakriti. Constipation is a principal coexisting factor. Medicinal treatment can be advised in milder cases. Ksharkarma is effective in bleeding piles. Ksharsutra is best in severe bleeding cases. In multiple hemorrhoids, surgery with simple ligation and excision technique is advised. Raktavasechan is suitable for sentinel piles. No single therapy can be said to be self sufficient in the management of all types of Arsha.

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1	[ArtID]	
2	[FolNo]	12
3	[SlNo]	7
4	[ArtTitle]	***CLINICAL STUDIES ON BHAGANDARA (VIS-À-VIS) FISTULA-IN - ANO***
5	[ArtEqEng]	
6	[NmeScholar]	Rashmi Katyarmai.
7	[NmeGuide]	Dr. Subhash Raut
8	[NmeCoGuide]	
9	[Dept]	Dept. of Shalya tantra
10	[Insti]	Govt. Ayurvedic college & Hospital, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1998
13	[EnNo]	N.U. V18189
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya tantra
17	[AnyOther]	
18	[Abst]	The present study undertaken was a comparative study and the comparison was done between the effectiveness of kshara sutra and Aragvadhadi varti through various aspects. The study was entirely clinical and total 26 patients were incorporated during this study. These patients were disposed into two groups: Group A- Patient treated with Ksharasutra and Group B – patient treated with Aaragvadhadi varti. The patients were treated accordingly and results were assessed on the close observation of disease and patient. The results of the treatment of Bhagandara by Aaragvadhadi varti were found significant in comparison with the results of the treatment by Ksharasutra. On the assessment of the results from the entire study, following conclusions are drawn.Though the treatment of Bhagandara by Ksharsutra stands most ideal technique, the method of management of fistula in ano by Aaragvadhadi varti

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could be compare at par.The treatment of Bhagandara by Aaragvadhadi varti could also be indicated in the conditions where treatment by Ksharsutra is not possible along with the short length sinuses.It could proved to be the best mode of management in case of very low anal fistulae with short length and no anal canal communication within.The treatment with Aaragvadhadi varti is best possible without making any communication with anal canal, thus avoiding the trauma to the non-eroded tissues, in case of incomplete fistulae.It is possible to keep the patient free from any pain when treated with Aaragvadhadi Varti where as pain always encounters due to kshara and discomfort due to the constant movement of thread in case the patient treated with ksharsutra.No Hospitalization or Anesthesia is required for the insertion of Aaragvadhadi varti and it could always be carried out on out door patient basis.The procedure does not require the any senior personals and could easily be carried out by Junior residents.The days and skill required for the preparation of the varti in comparison with the preparation of kshar sutra is much less.No instrumentation required for the preparation of Aaragvadhadi varti thus cutting down the expenditure towards the instrumentation.Similarly no instrument also required for the insertion of varti within the track.The entire cost required for entire management by Aaragvadhadi varti is much lesser than in case of Ksharsutra.The present study could not draw any conclusion regarding the efficacy in fistulas associated with any systemic disorders like Tuberculosis, Diabetes mellitus. As such patients were excluded from the present study.In the present work no failure and recurrence were recorded.It is further needed to evaluate the study with the help of investigations like the periodic cytological and histopathological investigations and MRI. Laconically, it can be concluded that the management of fistula in ano along with any other sinuses of ineffective origin could be success fully done.

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1	[ArtID]	
2	[FolNo]	2
3	[SlNo]	3
4	[ArtTitle]	***COMPARATIVE STUDY OF MURIVENNA TAILA AND JATYADI TAILA IN THE MANAGEMENT OF FISTULA-IN-ANO (BHAGANDARA)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Gadve Babashaheb Nana
7	[NmeGuide]	Prof Dr. S.S. Sharma
8	[NmeCoGuide]	Dr. H.K. Kushwah
9	[Dept]	Department of Shalya Tantra
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	2000
13	[EnNo]	97/44938
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya Tantra
17	[AnyOther]	
18	[Abst]	MURIVENNA TAILA

Murivenna the drug used for the present study is a noble contribution of traditional marma practitioner of kerala. This compound drug with coconut oil as medium is not mentioned in any classical text of Ayurveda. In traumatic disorders it is widely used in the part of the country the compound drug is successfully used in fracture and vranas which has proved its efficacy in promoting of the drug.

It is mainly indicated in sadya vrana, burns, abhighatas & inflammation due to trama, fracture of both closed & open type dislocation. It can be used in the form of pichu & tail basti over any region of the body to relieve pain and swelling of that area.

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Composition :

The compound has eight ingredients the swarasa of the raw drug are prepared in coconut oil medium.

Ingredients :

1. Karanja twak 2. Kumari 3. Tamboola patra 4. Sigru patra 5. Paribhadra patra 6. Madangandhi 7. Palandu 8. Satavari

First seven drugs are taken as swarasa satavari is taken as kalka satavari is added to the yoga with the intention reducing the teekshna veerya of paribhadara patra, karanja patra and palandu etc.

Mode of preparation of Murivenna –

All the ingredients of murivenna should be fresh for the reason that swarasa is to be extracted from all but one, they should be clean.

Materials required for the preparation of one litre of murivenna are as follows.

1. Fresh bark of karanja 325 gms, Kumary 325 gms, Tamboola patra 325 gms, Sigru patra 325 gms, Paribhadra patra 325 gms, Madangandhi 325 gms, Palandu 325 gms, Satavari 325 gms, Coconut oil 1 litre

Satavary is taken as kalka and all other drugs taken in the form of swarasa. In the preparation of swaras *kanchika* is used for squeezing method of karanja and palandu is primarily cleaned and crushed well then all the other ingredients are mixed together and crushed well. By adding palandu with the bark of karanja, higher quality of swarasa can be extracted. After this both the swarasa are mixed along with the satavari kalka.

The mixture is heated and one litre of pure coconut oil poured into it and again heated till boiling. The material is kept for one day. The process of boiling is repeated on the third day and when the kalkas becomes a *chikkanpaka* enough quantity can filtered can be taken for internal administration. The rest is boiled again up to *kharapaka* and after filtering it can be used externally.

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PROPERTIES OF INDIVIDUAL DRUGS

1. KARANJA –

English - Indian beech

Latin - Pongamia pinnata

Sanskrit - Naktamala, pootheeka.

Properties –

The drug has been included in the kandughana and virechna. sushruta has included karanja in aragwadhadi, varunadi, arkadi, syamadi, sirovirechna and kapha samasamana ganas.

Guna –

Rasa - Thikta – Katu – Kashaya

Guna - Laghu – Teekshna

Veerya - Ushna

Vipaka - Katu.

Karanja is indicated in kushta, udavarta, gulma, arsas, vrana, krimi and diseases manifested by kapha dosa. The leaves of karanja are used in kapha vata dosas, arsa, krimi and sopha (madanapala nighantu).

The sophahara property is also mentioned in (oushadhi nighantu). It is used in kushta, gulma udara arsas, krimi, prameha, sopha & in vatakapha doshas (S.S).

Conclusion:

As the end of successful completion of my study I drawn following conclusion-

In search of better option for local application in the management of fistula after kshar sutra ligation this study was conducted, for that comparative study of Jatyadi & murivenna taila.

For that 20 patients were selected according to case sheet prepared for study.

The patients selected were grouped as-

Group A – Kshar sutra + Jatyadi taila

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Group B – Kshar sutra + Murivenna taila.

The patient selected were having different degree of pain inflammation, pus discharge & itching. It was assessed according to criteria.

Over all effect on clinical feature were like this

Groups	=	Relief %	t	p
Group A	=	91.56%	22.35	P<0.001
Group B	=	90.00%	22.03	P<0.001

It means both groups have shown highly significant at the level of P<0.001

According to percentage, t- value, p- value Group A shows better results than Group – B, It means Jatyadi taila shown better results as compare to Murivenna taila.

By comparison it is very clear that in first two weeks Murivenna shows more relief in Pain & Inflammation & Jatyadi taila shows more relief in Itching & Pus discharge.

But over all effect prove, better efficacy of Jatyadi taila than Murivenna taila.

In this way by aiming comparative study of Murivenna Taila & Jatyadi Taila in the Management of fistula in ano, successfully completed.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	84
4	[ArtTitle]	***EFFECT OF ARKA KSHEERA KSHARSUTRA IN FISTULA IN ANO***
5	[ArtEqEng]	
6	[NmeScholar]	Jain, Rajendra Kumar
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1975
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The results of both sutras were compared on clinical features, like pain, discharge inflammatory reaction and unit cutting time. On clinical trial the Arka- Kshar- Sutra was found more potent as it produced more inflammation and pain etc. the unit cutting time was also enhanced. But, it was not found was suitable in all the cases as it more inconvenient and uncomfortable to the patients. It can be used only in selected chronic and dirty cases. In paittic group of cases and in summer months it should be avoided.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	82B
4	[ArtTitle]	***EVALAUATION OF THE EFFECT OF SNUHI KASHIRA RAJANI LEPA IN SHUSHKARSHAS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. I. Ganesha.
7	[NmeGuide]	Dr. N.A. Murthy
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1997
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present thesis was divided into 2 parts. The first part deals with the review of literature in which the etymology, definition, synonyms, history, anatomy, etiological factors, sings & symptoms, treatment complication of Arshas, Haemorhoids in general & for sushkarshas the etiology & signs and symptoms of Vataja Kaphoja arshas were reviewed. The second part deals with details regarding clinical trial. 20 cases were incidentally selected for the study and were divided into two groups, each comprising of 10 patients. Group A received Snuhi Kshira - Rajani Lepa for 7 days along with Tab Pilex 2 TID for 2 weeks followed by 2BID for 4 weeks. A satisfactory significant response was obtained in both the

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groups, but the efficacy of snuhi kshira Rajani lepa with Tab Pilex was significant in providing the relief of shotha, Kandu srava, shoola and size (i.e., about 70% response) when compared to control group which received only tab pilex (i.e., about 50% response).

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1403
4	[ArtTitle]	***MANAGEMENT OF FISSURE IN ANO WITH INDIGENOUS MEDICINES***
5	[ArtEqEng]	
6	[NmeScholar]	K.K.Chopara
7	[NmeGuide]	P.J.Deshpande
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	PH.D
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Fissure in Ano is an extremely painful condition of the anal canal. The present day management is not satisfactory; the modern surgical treatments are failed due to various postoperative complications. In ancient literature the description of Parkartika seems like Fissure in Ano. The clinical study for present work consists of 300 patients of Fissure in Ano treated with two groups of indigenous medicines. 200 patients done as control with Jatighrita (J-G) and 100 patients are treated with Ano-eight (A-8) compound, extract of three more drugs (Haridra, Guggulu and Yastimadhu) in addition to Jati. This was concluded that the indigenous preparation (A-8) and Pilutaila (P.T) Vasti play a vital role to solve this problem without surgical interference and hospitalization. Still, further work is needed to search any other indigenous drug.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	53
4	[ArtTitle]	***KSHARA KARMA IN AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	Chaturvedi, Dera Datta
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1968
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Among all surgical and para surgical measures Kshar or caustic is said to be the best as it has got maximum advantage. Present study was undertaken to standardize the preparation of Kshar and to see its effect. Apamarg ksAr was prepared by a standard method. Five types of experimental studies were carried out on alibino rats to screen the effect on (1).Wound healing (2) Length reduction (3) Macroscopic changes in intestinal loop (4) styptic activity (5) On complete dipping. Clinical study was done on 26 patients of piles, sinuses, eczema warts by external use. Ksharkarama is quite safe and harmless in patients unwilling for operation. Locally it produces vaso constriction and degradation of tissues. One need not resort to knife in every case when a satisfactory and reliable procedure is at hand.

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1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	16
4	[ArtTitle]	***MANAGEMENT OF BHAGANDARA WITH ARAGVADADI SUTRA***
5	[ArtEqEng]	
6	[NmeScholar]	M. Narender
7	[NmeGuide]	Dr. I.V. Prahlad Rao
8	[NmeCoGuide]	Dr. Y.P. Syama Rao
9	[Dept]	Department of Shalya-Shalakya & Prasuti Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya & Prasuti Tantra
17	[AnyOther]	
18	[Abst]	The description of Bhagandara available in ancient science is seen to be one and same to the fistula - in - ano. Ayurvedists describe in detail regarding the anatomical structures of Guda. Its relationship, length and Valis also have been narrated in systematic and comprehensive manner. The physiological consideration of Guda dealt in brief with the function of vayu with a special reference to Apana Vayu and its composition with the activities of Sacral plexus of nerves around that area. The etiology, pathogenesis, classifications and diagnosis have been elaborately reviewed both in Ayurvedic as well as in modern medical science.

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The comparative statements have been prepared in the form of tables as well as in descriptive paragraphs, showing the difference between the classification, aetiological factors and Symptomatology of the Bhagandara.

The various methods of treatment of Bhagandara have been extensively reviewed both in Ayurvedic as well as in modern science.

The surgical, para-surgical and medical measures which were employed in those days for the treatment of Bhagandara, have also been dealt with both in illustrations as well as in paragraphs.

The surgical treatment of Bhagandara has been described in great details in order to give an idea of the problems which have come forth during this type of treatment

The preparation of Aragvadadi sutra which has been adopted in this institution is based on the standard technique of Kshara sutra followed by previous workers with some significant modifications according to need of present era.

An ordinary Kshara sutra cabinet prepared with steel and glass fitted door has been taken to facilitate the spread of the thread in a small space and to avoid dust etc.,

The technique of processing of Aragvadadi sutra has been described to its every step. Due to dearth of Snuhi plants the availability of Snuhi Ksheera is very less and also preservation of its latex for longer period is a big problem. To prepare any type of Kshara is more costly and also time consuming factor. To acquire more latex in this area is more costlier than the drugs of Aragvadadi sutra. The drugs of Aragvadadi sutra are easily available in this region, as well as in the country. And the preparation of its powder is also easier than the preparation of Kshara. Hence in the plan of study the Aragvadadi sutra is introduced.

The present work was undertaken to evaluate the efficacy of Aragvadadi sutra.

The maximum patients suffering from Bhagandara were found in the age group of 21-30 years (14 cases).

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Males are more prone to this disease in comparison to the females.

Maximum numbers of cases were reported having the duration of up to 1 year (24 cases).

The maximum patients were reported having the Parisravi type of Bhagandara in comparison to Shataponaka and Ustragreeva.

In modern classification, low anal variety of fistulae were found maximum in comparison to subcutaneous, sub mucous and high anal.

Maximum numbers of cases were found with single opening.

Maximum fistulous openings were found at 7°Clock position situated in Right Lower Quadrant of posterior comissure.

The unit cutting rate is maximum in age group between 41-50 years (10.20 Days / cm).

The unit cutting time was observed as increasing in relation to the duration of the disease.

It has been found that the cutting rate was faster in Parisravi type of Bhagandara in comparison to other types.

It has been reported that the faster cutting rate was found in maximum initial length of tracks

Out of 40 cases treated with Aragvadadi sutra no recurrence has been found even after the long term follow up.

The Aragvadadi sutra has been found effective method in the management of Bhagandara.

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1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	8
4	[ArtTitle]	***MANAGEMENT OF BHAGANDARA WITH DARVEEKADI SUTRA***
5	[ArtEqEng]	
6	[NmeScholar]	M. Prasad
7	[NmeGuide]	Dr. T. Sreepathi Rao
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya Shalakya & Prasuti Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya Shalakya & Prasuti Tantra
17	[AnyOther]	
18	[Abst]	The description of 'Bhagandara' available in ancient literature is similar to fistula in ano described in modern literature. The Surgical treatment of Bhagandara has been described in detail in order to give an idea of the problem which has come forth during this type of treatment. The preparation of "Darveekadi Sutra" selected for the trial is based on the standard technique of Kshara sutra. For the preparation of Darveekadi Sutra Kshara Sutra cabinet is used. The preparation of Darveekadi Sutra has been described widely. Out of many Kshara Sutras enshrined in Ayurveda, Darveekadi sutra is the one that is not so far put to clinical

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trial. In view of this and to enrich the knowledge of various Kshara sutras the present study is embarked upon so as to add one more Kshara sutra with clinical proof, thus making Kshara Sutra fool proof. The ingredients of Darveekadi sutra are easily available in this region.

In the age group of 21-30 years, the maximum numbers of patients are found suffering from Bhagandara (8 cases).

Females are less prone to this disease in comparisons to the males.

Maximum numbers of cases (15 cases) were reported having the duration of up to 1 year.

Maximum patients are noted as suffering from Parisravi type of Bhagandara (16 cases) in comparison to Shataponaka and Ushtragreeva.

The low anal types of Fistula are maximum in number (18 cases) in comparison to sub-cutaneous, sub-mucous and high anal.

Single opening cases were found in maximum number.

Maximum numbers of fistulous openings were found at 7° clock position.

The unit cutting rate is maximum in age group between 51-60 years.

The unit cutting time is observed as increasing in relation to the chronicity.

It is found that the cutting rate was faster in Parisravi type of Bhagandara than other types of Bhagandara.

Out of 25 cases treated with Darveekadi sutra no recurrence was found even after one year.

The Darveekadi Sutra is found as an effective therapy in the treatment of Bhagandara.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	85
4	[ArtTitle]	***MANAGEMENT OF HIGH RECTAL FISTULA WITH KSHAR SUTRA***
5	[ArtEqEng]	
6	[NmeScholar]	Tripathy, Arun
7	[NmeGuide]	K.R. Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The main drawbacks of a surgical operation to high rectal fistula are uncertainly of cure. Non- healing of delayed healing of the wound. Long hospitalization, painful dressing, post operative and strictures, inconvenient etc. Therefore, present study on the efficacy of Kshar sutra in fistula was undertaken. 200 high rectal fistula cases treated with Kshar sutra show that the maximum numbers of patients were in age group of 21 to 50 years, of which 65 were recurred cases which were also successfully cured by Kshar sutra. It was noticed that the rate of cutting through the fistulous tract is faster in lengthy tracts in fistulae of longer duration, in non operated patients and also in Sambhukavarta variety of Bhagandara. The result of treatment had been 98% cure rate with none of the after cure complications. Even the remaining 2% cases in which recurrence took place responded well to another trail of this treatment.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	55
4	[ArtTitle]	***MANAGEMENT OF PILES (ARSHA) IN AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	Jha, Gauri Shankar
7	[NmeGuide]	L.M. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1968
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In this study the management of piles, according to Ayurvedic samhitas has been studied. The detailed study of piles according to modern & Ayurvedic view also has been undertaken. Clinical study was made on 95 patients. Out of which 30 patients were treated with khsar sutra, 29 with kshar karma, 8 with mixed kshar karma & kshar studies 20 cases received medicinal treatment & in 8 patient surgical excisions was performed. By medicinal treatment only 20% of patients were cured while maximum number of patients got relief only. By kshar karma, 20% of patients were cured and 9 patients got only relief. In kshar sutra treatment all the patients were cured and in one year of follow up no recurrence were found. The combined group was much effective and convenient. Surgical excision all the patients were cured. No post operative complication was noticed.

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On the basis of this study the treatment has opened a new field for further studies on improving management of piles. Further work on this important clinical problem can be under taken by relatively changing the type of thread with different patients & combination of kshara.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	56B
4	[ArtTitle]	***MEDICAL MANAGEMENT OF ARSHAS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. M.R. Thandava Murthy
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Arshas is an common problem of the present day which causes utmost discomfort to the patient. Its management includes oushadha, kshara, agni and shastra karmas. Among them medical management is simple safe and effective. 50 patients were selected for the present study. All the types of Arshas having the history of more than one year were selected patients where administrated 250 mg. of Kankayana Vati with Takra as anupana in the morning for a period of 3 months to 1˚yrs and observation was made every 6 days. For assessment was relief is signs & symptoms along with reduction in the number as well as the size of the pile mass. Among 50 patients 20% were cured, 14% were improved, 16% were moderately improved and 50% did not get any relief.

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It was observed that patients having Arshas of less duration got quick improvement. 50% of the patients not getting cured may be because of the chronicity.

Kankayana Vati mostly consisting depana, pachana and anulomana dravyas helped in correcting Ama, Agni and malapravritti. The main ingredients were Surana kanda and Suddha Bhallataka. They are claimed as very effective in the management of Arshas.

Management of Arshas by Kankayana Vati is established as safe, simple and effective provided the cases being treated at an early stage.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	134
4	[ArtTitle]	***PAPAYA SUTRA IN THE MANAGEMENT OF BHAGANDARA***
5	[ArtEqEng]	
6	[NmeScholar]	O.P. Singh
7	[NmeGuide]	S.N. Pathak
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	Good property of Shodhana and debridement is present in the latex and juices of Papaya. Besides this Papain is also a good debriding agent. The Papaya sutra was prepared with the fresh fruit juice of Papaya and crude Papain. The fresh juice smeared thread was coated 11 times with crude Papain. These threads were used in longer tract of 10-15cms Bhagandara patients. These results were compared with other Kshara sutra. Fifty cases of Fistula-in-ano were treated by Papaya sutra. 49 were cured and their wound were completely healed with healthy scar, earlier than other Kshara sutra. Recurrence occurred in one case after six month, and was again treated with the same thread and was cured.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	110
4	[ArtTitle]	***ROLE OF FISTULOGRAPHY IN THE MANAGEMENT OF FISTULA IN AND BY KSHARA SUTRA***
5	[ArtEqEng]	
6	[NmeScholar]	N.P. Das
7	[NmeGuide]	P.J. Deshpandey
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The recurrences of Fistula in an after surgery are in fact due to the difficulty of a surgeon to assess the various ramifications of the fistulous tract. Sometimes deep divergent pockets remain undetected and continue to act as a source of recurrence. After direct palpation, Bhagandara Yantra was used for misutilisation of tract and its internal opening in ancient times. But this was not sufficient. After the discovery of Roentgen rays visualization of tract is possible by the radiological investigations. But the conventional method of Fistulography does not provide adequate information as required by the surgeon for application of Kshara Sutra. The present thesis has been an endeavor in improving the technique of Fistulography to achieve the aforesaid aim. The procedure includes proper preparation of

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the patient method of administering enema without irritating the colon. Sedation and premedication. Further positioning of the patient, the film size, exposure factors and contrast media must be kept in mind by the radiologist.

At the end the prevalent method was compared with the modified technique and various advantages were noted.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	51
4	[ArtTitle]	***ROLE OF KSHAR SUTRA IN THE TREATMETN OF BHAGANDARA (FISTULA IN ANO)***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma. K.R
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1968
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The present study is initiated with the management and complications of fistula in ano as pre and postoperative cases. To solve this problem kshar sutra has been claimed here with many aspects. Standard method of preparation of ksharasutra has been described. The experimental study has been carried out with a view to determine histologically the role of ksharsutra in the healing of the wound of anorectal region. For this purpose the selection of guineapigs as the experimental animal was made. On the basis of experimental studies, clinical study has been divided into two groups. In first group of 50 patients suffering from fistula in ano were treated with kshar sutra. The second groups consisting of 40 patients were divided into control & treatment group. The control group received plain ligation &

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other group was treated with kshar-sutra.

The break down of 150 cases treated with ksharsutra shows that the parishravi bhagandara and the kaphaj prakriti of patients are the best candidates to be treated with present type of kshar sutra. However, it also appreciably in worked vatika & shleshmic type of cases.

On the basis of comparative study of control & treated groups it was found the healing time is 3 times greater in treated group. There 6f recurrence in the control group was 30% with in short period, where as no recurrence was recorded in treated group.

It has been impressed that the method of assessment of healing of I fistula, employed here satisfies all the criteria of scientific assessment of results & has been used for the first time in this thesis for this disease.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	131
4	[ArtTitle]	***ROLE OF UDUMBARA KSHEERA SUTRA IN MANAGEMENT OF BHAGANDARA***
5	[ArtEqEng]	
6	[NmeScholar]	M.K. Jalan
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	Due to strong Shodhana property of Snuhi and Apamarga, the search of a drug having Sheeta Veerya property with balanced Shodhana- Ropana activity was made and in this connection Udumbara was evaluated. The standard Ksheerasutra was prepared and was applied to the patients in different types of Bhagandara. The rate of dissolution in water of Udumbara Ksheera was compared with Snuhi. Though cutting rate with Udumbara was slower than Snuhi, the relation between cutting and healing was balanced. The disfigurement, mutilation and furrowing of the anal margin was avoided. This work opens out the possibility of undertaking trial with different types of Ksheera.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	113
4	[ArtTitle]	***STUDIES ON BACTERIOLOGICAL STATUS OF FISTULOUS TRACT DURING TREATMENT BY KSHARA SUTRA***
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Arun Kumar
7	[NmeGuide]	K.R. Sharma, B.M. Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present study has been aimed to find out the possible mode of action of Ksharasutra & its role in bacteriological status in fistulous tract. The contamination by various infecting organism is supposed to be root cause of fistula formation. Therefore, it was justified & most natural to study role of Ksharasutra on various pathogens taking part in the formation of this disease. For the clinical study, Pus culture & sensitivity test were done before the application of Ksharasutra. The study was done in 50 cases. Every patient was asked for culture & sensitivity test of pus of fistulous tract in every change of Kshara Sutra. The treatment could be completed in 25 cases only & all the cases were cured.

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The initial culture of discharge in 50 cases suggests presence of E. coli, Staphylococcus, Klebsiella, B. haemolyticus, Pseudomonas & Bacillus. On comparison of initial and final bacteriological status of fistulous tract it was found that the discharge was completely absent in 36% cases & no organism could be cultured when tract was cut through. At the end of treatment organism - B.species, Pseudomonas, Streptococcus & B.haemolyticus were not found which were initially present.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	139
4	[ArtTitle]	***STUDIES IN KSHARA SUTRA PREPARED BY SNUHI SWARASA***
5	[ArtEqEng]	
6	[NmeScholar]	A.K.Gupta
7	[NmeGuide]	S.N. Pathak, S.D. Rai
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Keeping in view the fact that the Ksharasutra prepared by Snuhi Kshara (latex) and others present many problems. The collection attempt of latex and preparation of Ksarasutra, was made to replace it with Snuhi swarasa presuming that Snuhi swarasa will have the same property, more over its procurement is also convenient. Kshara-sutras were prepared in the laboratory with standard technique. It was applied in 50 cases of fistula. It was found more effective in the treatment of Fistula-in-ano. But while preparation it requires an extra coating of swarasa on sutra than the Snuhi ksheera. Recurrence of Fistula was also not noted.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	71
4	[ArtTitle]	***STUDIES ON ETIO-PATHOLOGICAL FACTORS OF ARSHAS (PILES)***
5	[ArtEqEng]	
6	[NmeScholar]	Prakash. Ved
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1972
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In Ayurveda, various methods of treatment including medical, surgical or para surgical are tried for haemorrhoids. However, one of these methods of treatment has yet proved its efficacy. In this study attention has been given to explore the predisposing factors of heamorhoids and its prevention. This clinical study was made on 123 cases attending the anorectal clinic and was found that male patients are more prone to haemorrhoids. It has also been observed that piles were more common in those persons, who were working hard, the office working people or who were in the habit of with holding their natural urges and in the habit of frequent squanting. Besides, persons having over eating habits non

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vegetarian, particularly also occur of kaphaj type of diet also prone to this disease. Piles may also occur in persons with weak jathragni, grahani and udar roga.

The study concludes that that diat piles can be prevented if the above mentioned habits are changed.

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1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	4
4	[ArtTitle]	***A STUDY ON THE EFFECT OF VAJRAKA TAILAM IN THE HEALING OF DUSTA VRANA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. S. Saranga Pani
7	[NmeGuide]	Dr. I.V. Prahalad Rao
8	[NmeCoGuide]	Dr. Y.P. Sham Rao
9	[Dept]	Department of Shalya-Shalakya & Prasuti Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya & Prasuti Tantra
17	[AnyOther]	
18	[Abst]	The healing of Dustavrana still remains a major problem to the surgeon as well as to the patient. Though systemic action drugs are in prevalence. Satisfactory local management still remains a pipe dream. This study was aimed at the comparative evaluation of the efficacy of Vajrakatailam in the healing of Dustavrana with that of Jathyadi Gritham. The primary object of the study was to chalk out an effective safe, non surgical approach to this perplexing problem. Cases were selected at random irrespective of age, sex, chronicity, occupation, systemic and other diseases or micro organisms involved. 41 cases were registered and divided into two groups – 25 in trial group managed by Vajrakatailam and 16 in control group managed by Jathyadi gritham.

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An attempt was made at the proper understanding of the historical aspect of Vrana chikitsa, aetiopathogenisis of Dustavrana, methodology of wound healing and the present day lacunae both in the light of ayurvedic and modern knowledge. During the course of study the concepts of wound healing as primary and secondary intentions as well as that associated with systemic disorders were understood in depth and the problem of present day management was found lacking of proper local management of open wounds. This was assessed with the help of Planimetry and improvement in clinical status.

On the basis of observations the following conclusions were drawn.

1. The action of Vajrakatailam is significant and superior to that of Jatiyadi Gritham in healing of Dustavranas except Dagdha Vrana.
2. The action of Vajrakatailam was significant in Kapha Vataja Vranas then in Pittaja Vranas.
3. Its action was superior to that of Jathyadi Gritham in bringing about improvement in clinical status in all the selected cases.
4. It is found to be effective even with prolonged chronicity and presence of micro organisms.
5. Its action was significant in ulcers associated with Diabetes, Tuberculosis, Varicose veins, and other systemic ailments, when concurrent systemic treatment was given as the condition necessitates.
6. In Trophic ulcers also the results were significant where as cases managed by Jathyadi Gritham showed no improvement.
7. In cases of ulceration following T.A.O. Filariasis, Radiation, Malignant conditions both the drugs showed insignificance.
8. The medicine was well tolerated except in Dagdha Vrana and no side effects were observed.

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9. The assessment of healing by Planometer showed 2.23 sq cm mean healing rate per week in total healed cases managed by Vajrakatailam and 1.66 sq cm mean healing rate per week in total healed cases managed by Jathyadi Gritham. This shows over all superiority in healing rate compared to Jathyadi Gritham.
10. No recurrence was noted in the cases managed by Vajrakatailam which shows its sustained action in Dustavrana. One case among those managed by Jathyadi Gritham reported with recurrence.
11. The action of Vajrakatailam in Dustavrana might be due to the Ushna Veerya, Katu Tikta Rasas and Laghu, Ruksha, Teekshna Gunas of the individual drugs. It contains making the whole compound preparation predominantly Kapha-Vata hara and hence Vrana shodhana.
12. This Vrana shodhana effect might to be factor behind its debridement quality.
13. The antibacterial, antifungal properties of many of the drugs as also Krimighna of some might have aided in its action against wide spectrum of micro organisms.
14. The anti inflammatory property of certain drugs also aided in the healing process as also reducing symptomatology.

Although the control drug Jathyadi Gritham was not lacking in these properties, the enclosed healing rate observed in trial group with Vajrakatailam can be explained in the light of its containing more percentage of Shodhana drugs.

In short, it can be assured that Vajrakatailam is a viable alternative to the existing management methods of Dustavrana and its action surpasses that of Jathyadi Gritham.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1387
4	[ArtTitle]	***STUDIES ON THE HEALING OF WOUNDS WITH INDIGENOUS DRUGS WITH PARTICULAR REFERENCE TO BURNS & SCALDS***
5	[ArtEqEng]	
6	[NmeScholar]	S.N. Pathak
7	[NmeGuide]	R.N. Udupa, P.J. Deshpande
8	[NmeCoGuide]	S.B. Pandey
9	[Dept]	Department of Shalya. Shalaka
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1972
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Shalya. Shalaka
17	[AnyOther]	
18	[Abst]	In the present thesis work three drugs namely Euphorbia, Marifolia & Papaya were selected for experimentation. Due to special peculiarities of Papaya which has been described in the thesis work, it has been taken for clinical studies. But before this some experimental work has also been done on albino rats. In experimental studies on albino rats, various experimental wounds and burns were made by different agents and Papaya was administered. During experimental study the histological and pathological studies of albino rats were also done. In clinical cases Papain in 1% form was applied and it was observed clinically to fulfill an ideal ointment characters. The drug facilitates early graft application which is supposed to

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be the key factor in the survival of burns patients especially of a large area. It is an easy preparation and does not develop sensitivity like antibiotics. In cases which are resistant to antibiotics this drug is a boon and helps in all ways. Systemic use of Papain is not useful for debridement, on the contrary it produces harmful local and proteolytic effects. The study concludes that the study drug is potent debriding agent with wound healing accelerator action in respect of burn healing.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	109
4	[ArtTitle]	***CLINICAL AND EXPERIMENTAL STUDIES ON CERTAIN VRANA SHOTHAHARA DRAVYAS***
5	[ArtEqEng]	
6	[NmeScholar]	Dubey, Ram Rashik
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	Here attempt has been made to use some drugs to screen as anti inflammatory drug by clinical and experimental studies to find out a potent, Vrana-Sothahara drug. Nine drugs Patala, Yastimadhu, Agnimantha, Aragvadha, Aswagandha, Nyagrodh, Nishotha, Sunthi and Lodhra were screened in experimental study on a standard model i.e. carrageenin induced granuloma pouch in rats. Out of nine drugs only three drugs Patala, Yashtimadhu and Agnimantha were found to have anti inflammatory property. The result of clinical study showed enhancement of the post operative catabolic phase indicating cortisone like activity. Based on these observations it may be concluded that probably these drugs stimulate adrenocortical activity to increase the cortisol level in blood which may be responsible for all the properties. However, to confirm this postulation it needs a further detailed study.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	48
4	[ArtTitle]	***HEALING OF WOUNDS IN DIABETES UNDER THE INFLUENCE OF UDUMBAR (FICUS RACEMOSA LINN)***
5	[ArtEqEng]	
6	[NmeScholar]	Agarawal, Janki Sharan
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1967
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In Ayurvedic texts Udumbar is claimed to have definite role in controlling the disease. The problem selected was healing of wound in diabetes by Udumbar without controlling the abnormal metabolic status. Udumbar ghrita was prepared according to texts. Diabetes was artificially produced in albino rats and to their wound the medicines was applied and were assessed by histological histochemical and biochemical studies. For clinical study, 5 cases having diabetes wounds were given local irrigation with Udumbar kwath and dressing by Udumbar ghrita and the healing was assessed. Udumbar ghrita enables the diabetic wound to acquire a better coefficient contraction, greater amount of collagen, a reduction in oedema in wound tissues any family an enhanced tensile strength.

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1	[ArtID]	
2	[FolNo]	12
3	[SlNo]	11
4	[ArtTitle]	***ROLE OF JALAUKAVACHARANA IN PREVENTION OF ABSCESS FORMATION***
5	[ArtEqEng]	
6	[NmeScholar]	SANDHYA BHAGAT
7	[NmeGuide]	Dr. Subhash Raut
8	[NmeCoGuide]	
9	[Dept]	Dept. of Shalya tantra
10	[Insti]	Govt. Ayurvedic College, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1997
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya tantra
17	[AnyOther]	
18	[Abst]	The thesis entitled "Role of Jalaukavacharana in prevention of abscess formation" was disposed into three distinct chapters viz., Literary review, Clinical study and Discussion. In the first section a summary of the literature review about the Vidradhi and Abscess respectively from the classical texts of Ayurveda and Modern Surgical texts was given. The chapter also contains the brief description of leeches along with its postoperative care of the wound of the leech bite along with its pharmacotherapeutic description. Further the data collected from the clinical study was represented on its statistical analysis. The echoes encountered in the present study are discussed under the heading of comments and discussion. The conclusions drawn from the present work are as follows: It was revealed from the study that the leeches have currently recovering for their clinical uses in the field of surgery

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especially in microsurgery. An extensive hunt of the pharmacotherapeutic evaluation of leeches has lead to call the leeches as the living pharmacy. The study was carried out on 30 patients. This therapy provided highly significant relief on the clinical symptomatology of Vidradhi. The study shows that the process of abscess formation resolves after the Jalaukavacharana. No any side effect during and after the leech application in present series of work. The pharmacotherapeutic uses of the leeches could prove to be a boon for the newer trade to cultivate the leeches.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	122
4	[ArtTitle]	***KSHARA PICHU IN THE MANAGEMENT OF DUSTA – VRANAS***
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Santosh
7	[NmeGuide]	P.J. Deshpade
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	In the present work the etiological factors, sign and symptoms, complications and prognosis of Dusta Vrana have been reviewed and discussed in detail. Shodhana karma and its importance in the management of Dusta Vrana has been discussed. The Kshara karma has been selected as an ideal Vrana Shodhana method for Dusta Vrana. It has been proved that debridement is an essential part in the management of contaminated wound for achieving ultimate healing. The addition of new vegetable debriding agents in the theory of debridements has definitely given a new lead and hope in finding an ideal debriding agent from indigenous drugs. Out of Vrana Shodana drugs, Arka & Snuhi are considered best for their debriding action. Snuhi and Apamarga due to easy availability and previous satisfactory

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clinical results have been choosen for the preparation of a new innovation named Kshara Pichu for the debridements in Dusta-Vrana.

The study proved that Kshara Pichu is very useful in cases where complete drainage and excision have not been done, as in injection absesses, sebaceous cyst & radiologically undiagnosed hidden foreign bodies in the Vrana and avoiding major surgery.

On account of studies it may be said that Khara-Pichu will definitely be very helpful in cases of empyema. Thus Khara-Pichu, a new innovation would take a higher place in future and will be useful in the management of Dusta-Vrana.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	31
4	[ArtTitle]	***ROLE OF YAVAKALKA IN VRANA SANDHANA***
5	[ArtEqEng]	
6	[NmeScholar]	G. Geeta
7	[NmeGuide]	Dr. L. Sarada Amma
8	[NmeCoGuide]	Dr. P.K.Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Vrana especially Dustavrana is a common problem deserving immediate attention of the practitioners. A number of cheap and effective single and compound drugs are available in Ayurvedic literature. Among this Yavakalka deserves special attention.Clinical trial was carried out in patients selected according to a criteria fixed. The patients were divided into two equal groups. One was kept as control and other as treated. The Vrana was cleaned with Thriphala kvatha and Yavakalka was applied and bandaged. The control group was dressed with Jathyadi ghrita. The patients of both groups were given Guggulutiktaka ghrita internally. The cleaning and dressing were done daily. A minimum of 12 days and maximum of 33 days were taken for complete healing in treated group while it took minimum of 34 days and maximum of 55 days in the control group, depending upon the site, duration, age and climatic condition.Clinical study shows that the patients of

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the younger age group responded well compared to middle aged or aged group. In younger age group even chronic cases responded miraculously, may be due to the increased regeneration process. With all data collected from the clinical study it can be concluded that the treated group responded more than its respective control group. Hence the application of Yavakalka is beneficial in Vrana Sandhana.

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1	[ArtID]	
2	[FolNo]	17B
3	[SlNo]	9
4	[ArtTitle]	***ROLE OF SWARNA KSHEERI (ARGEMONE MEXICANA) IN THE MANAGEMENT OF DUSTA VRANA***
5	[ArtEqEng]	
6	[NmeScholar]	A. Narayana
7	[NmeGuide]	Dr. V.S. Patil
8	[NmeCoGuide]	Y.P. Sham Rao
9	[Dept]	
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The aim of the present clinical study is to evaluate the efficacy of Swarna ksheeri Tailam in the healing of Dusta vrana. An attempt was made at the proper understanding of the historical aspect of Vrana Chikista, etiopathogenesis and management method of Dusta vrana both in the light of Ayurvedic and modern knowledge. And also an attempt was made on the process of wound healing and the factors influencing on the healing of the wound. During the period of study, while treating the various types of Vranas in the present day management was found lacking of proper local management. Cases of Dusta Vrana were assessed with the help of

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Planimeter and improvement in clinical status time to time. All the cases of Dusta vranas / Bed sores were selected at random irrespective of age, sex, severity, chronicity, occupation, socio economic status and other systemic diseases or micro organisms involved.

Out of 30 cases of Dusta vranas, 6 cases of tropic ulcers, 5 cases of Diabetic ulcers, 2 cases of varicose ulcers and fungal infections, one each case of Hansen's disease, Tuberculosis, Filariasis and Malignant ulcers were observed. And out of total 30 cases, 11 cases were registered without any underlying systemic pathology or any other disorders. This includes the 3 Dagda vrana cases mentioned above and one case of Vishadusta which occurred due to snake bite on the lower extremity.

Among the other cases, 3 cases shown positive Staphylococcus culture and rest were Staphylococcus along with E.coli in all the 6 cases. These Dusta vranas were treated by the local application of the Swarna Ksheeri Tailam. It was applied on the surface of the Dusta vrana, after proper cleaning of the wound for the period extending from 15 to 60 days depending upon the size of the wound and healing rate.

1. Vrana or wound may be defined as disruption of anatomic or functional continuity of viable tissue.
2. Wound healing processes is normal phenomenon starts right after an injury and continue in sequential manner till the formation of healing scar. But certain general conditions like nutritional deficiency, hormonal imbalances and various systemic diseases retard and influence the sequence of the normal process of healing. Likewise some local factors like slough, infection, foreign body, Haematoma and deficient blood supply etc, also retard the process of healing.
3. Normal pattern of wound healing can only be brought back, if the contaminated material is removed; such process is called Vrana Shodana or debridement of the wound.
4. All chronic and non-healing ulcers with slough, foul smell,

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discharge etc., are considered as Dusta Vranas.

5. Vrana Shodana action of a drug according to Ayurvedic is dependent upon its properties like Katu and Tikta rasa, Laghu and Ruksha gunas, Sheetha Virya, Katu Vipaka. In the present study the drug "**Swarna Ksheeri**" possess all these properties besides it being a Lekhana, Krimigna, Pittahara, Vrana ropana, Sothahara etc., hence picked up for the study.
6. It is a simple drug preparation with its panchangas, prepared in Madhyama paka along with Tila taila, which is easily available, easy to be prepared and economical too.
7. Cases of Dusta vrana including non healing ulcers like trophic ulcers, Hansen's, tuberculosis ulcer, Diabetic ulcers, have also responded with the use of this tailam and accelerated the process of healing.
8. Thus, it can be concluded that Swarna Ksheeri tailam is not only a safe and simple debriding phytogenic agent, but also effective Grana Ropana drug.
9. Swarna ksheeri thailam is found to be effective in wound healing without causing any damage to healthy tissue and accelerates the healing process, irrespective of the underlying causative factors responsible for Dusta vranas.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	72
4	[ArtTitle]	***STUDIES ON DAGDHA – VRANA***
5	[ArtEqEng]	
6	[NmeScholar]	Sachan, Suresh Chandra
7	[NmeGuide]	S.N. Pathaka
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In the present thesis work, classification of Dagdha vrana has been described according to modern & ancient medicine along with their treatment. Aloevera (Ghrit kumari) selected for Dagdhavrana treatment in the present study is vrana shodhan 7 ropana because of to pitta shamak a properties. Pathological studied and factors influencing the healing of burn wounds are described. Experimental studies on albino rat and topical application of pulp of Aloevera in rat's burn reduction in size of wounds have been described along with histological findings. In the experimental studies the use of Aloe vera shows the agument action of the healing after debridement. Although areas of wound increases this short of action. A clinical study was also made on patients by dividing them into two groups. Ist group was treated with fresh aloe vera

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pulp application & II group the extract of aloe vera in ointment form was applied. Both these types of topical applications had debiriding effect on burn wound as in the case of experimental wounds. Application of pulp gave better symptomatic relief in burning pain. Definite improvement in clinical symptoms has been found with the treatment of the drug.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	68
4	[ArtTitle]	***STUDIES ON THE MANAGEMENT OF "DUSHTA – VRANA"***
5	[ArtEqEng]	
6	[NmeScholar]	Pathanshetty, Nagesh Krishnappa
7	[NmeGuide]	P.J. Deshpande P.S Sankaran
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The Dushta Vrana (chronic ulcer) is correctly stated to be a condition where the normal wound healing process is delayed and retarded. Effective management of dushta vrana by shodhan and ropan methods have been studied. The drugs were "Snuhi" as Kshar varti for sodhan and "Jati" as jati Ghritam for Ropan. 40 cases were selected and their prakriti, doshic involvement, duration (chronicity) shape and size, srava, gandha were noted and durations for sodhan and ropan were also studied six types of methods were undertaken to produce an open dushta vrana on experimental animals like albino rats and rabbits and only 'Kshar Vari' was applied. In the management of Dushta Vrana the use of a very potent sodhan drug should be made for first few days, till the signs of healthy would appear. The choice of Ropan drugs should be based upon their properties of being Sheeta Veerya in maximum and Teekshna Guna in minimum with total absence of Lavan guna.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	60
4	[ArtTitle]	***STUDIES ON VRANA – ROPANA***
5	[ArtEqEng]	
6	[NmeScholar]	Mishra, Suresh Narain
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1969
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Different aetiological factors, signs, symptoms, dosha, dusya, complication of vrana and factors responsible for Vrana Ropana are studied by scientific investigations. Four drugs namely Manjistha, Madhuyasti, Dhataki and Lodhra were taken for study on the rats as experimental animals and human patients cases selected for the study were classified according to dosha vata, pitta kapha and dushya twak , mans, snayu, and asthi. It was concluded that one drug can not have uniform effect in all types of vrana. Different preparations for the treatment of different types of vrana should be considered according to dosha awastha and adhisthan. Selection of drug should be according to Rasa, Gura, Virya etc.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	61
4	[ArtTitle]	***STUDIES ON VRANA SHODHANA***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Surinder Kumar
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1971
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The wounds having dead and infected tissue never heal, irrespective of the healing promoting drug used. As surgical regimen has some drawbacks, it was decided to carry out the study with indigenous drugs. Fresh latex of three drugs manely Snuhi, Madar, and Saptaparna were taken for experimental study on excised wounds of albino rats by local use for treated group. For clinical study only the latex of Snuhi was used into sinus tract of dusta vrana. Snuhi kshar was considered to be the most potent shodhan drug. The Dushta Vranas of different dhatus need different period for shodhan karma. The consideration of Vata, Pitta and Kapha in Dushta vrana is very important not only for shodhan treatment but for prognosis also.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	28
4	[ArtTitle]	***A STUDY ON THE MANAGEMENT OF VRANAS***
5	[ArtEqEng]	
6	[NmeScholar]	P.Sarala Devi
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.K. Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Aim of this study is to find out the effect of Tila on Vrana, which is prepared as Tila kalka by mixing with honey and ghrita for external application on Dushta vranas. Patients were selected as per the criteria fixed and divided into two as treated group were managed with the dressing of Tila kalka externally. The patients of the control group were dressed with Jathyadi ghrita and Triphala kvatha was used for kshalana karma. No medicine was given internally to both groups. The patients of the treated group were discharged after complete cure within period of 10-60 days and the control group within period of 51-70 days. Tila being seetha in sparsa, if applied externally may control the suppurating process of vranas, and by its snigdha guna it stimulates the formation of ropana dhatu (granulation tissue). More over doshas has got an important place in the manifestation of vrana. Among them pitta is more vitiated and causes suppuration. The madhura rasa and tikta

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rasa subsides the vitiated pitta and by the ushna veerya and kashaya rasa it becomes an effective medicine in vitiation of kapha. Being a tridoshahara dravya it becomes a suitable medicine for healing of ulcers. In short it can be assumed that Tila kalka can safely and effectively used in all types of Dushta vranas where sodhana as well as ropana is essential.

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1	[ArtID]	
2	[FolNo]	17A
3	[SlNo]	
4	[ArtTitle]	***THE EFFECT OF VRANASHODANA TAILA FOR HEALING EPISIOTOMY WOUND***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Ch. Karunasri
7	[NmeGuide]	Dr. Mrs. Sharada Devi Bhavani
8	[NmeCoGuide]	Dr. V.L.N. Sastry
9	[Dept]	Department of Salya, Salakya & Prasuti Tantra
10	[Insti]	Dr. B.R.K.R Government Ayurvedic Medical College, Hyderabad
11	[Univ]	University of Health Science, Vijayawada
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti Tantra
17	[AnyOther]	
18	[Abst]	In the out look of Ayurveda, pathology of wound resulted by 'Episiotomy' operation can be understood as 'Sadyo Vrana' due to a Shastra (instrument). Shastras are having various types of eggs, which are causing various shapes of Vranas contacting with various parts of body. By the above phenomina first Vata gets provacated causing pain. Then Pitta and Kapha also get vitiated causing burning and oedema respectively. Pittasamana is the main aim in the management of Sadyo Vrana, associated principles are Vranashodana, Vranaropana and Vedanasthapana. Keeping in view the above lakshanas, Vranashodana taila and Kanchanara guggulu have been selected for external and internal administration respectively.

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The ingredients of Vranashodana tailam are Nimba, Haridra, Trivrit and Tila taila. As per the Rasa, Veerya, Vipaka and Gunas of the ingredients these are to act as Pittasamana, Vranashodana and Vranaropana. This is used for topical application for banadage after suturing.

The Classical compound preparation Kanchanara guggulu, known for its properties of Vedanasthapana, Paka hara and Vranaropana was employed for internal administration.

The total numbers of patients subjected for clinical trail were 45. These 45 were divided into three groups 6 of 15 each.

Among the three groups the results in the group II are highly encouraging. Hence it can be inferred, that the simultaneous usage of Vranashodana tailam (external) and Kanchanara guggulu (orally) is effective for healing of "Episiotomy" wound.

1. As a common principle, it requires more local hygienic care in view of more proneness of contamination in perineal area when compared to the vranas of other regions.
2. Besides the internal administration of Kanchanara guggulu, the Vranashodaan tailam as an external application is looking more powerful as wound healing agent, even though it is the perineal area known for its more contamination.
3. No complications and side effects are notices during the said medication for the purpose.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	34
4	[ArtTitle]	***THE EFFECT OF THRIPHALA GUGGULU IN HEALING OF DUSTAVRANAS***
5	[ArtEqEng]	
6	[NmeScholar]	Tomy George
7	[NmeGuide]	Dr. P.K. Mohanlal
8	[NmeCoGuide]	
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	The study aims to evaluate the efficacy of Thriphala guggulu a combination of Thriphala & Guggulu, in healing of Dustavranas. Experimental and clinical studies were carried out. The experimental trial was conducted for 5 days and results were recorded. The features of the wound viz., colour, pain depth, swelling, formation of granulation tissue, site etc. were taken into account. The result shows that the group in which drug was administered internally and externally exhibits a highly significant effect of wound healing. In clinical study the vranas of treated group were dressed with Thriphala guggulu choorna and they were given the drug internally along with honey. The control group was managed with Guggulu tiktaka Kvatha internally and Doorvadikera for dressing of Vranas, Minimum duration for healing in trial

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group is 8 days and maximum of 21 days. In the control it was 35 and 45 respectively. It shows that the healing process was rapid in trial group, than the control. The area and depth of the Vrana were reduced within a period of 5-10 days in the treated group and 35-45 days in the control group. The pain, swelling and pus exudation was reduced within 5-15 days in the treated group and 35-45 days in the control group Young persons responded well than aged. The drug has got Rasayana property also. By virtue of its antibacterial property it minimizes the infection and leads to fast healing.

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1	[ArtID]	
2	[FolNo]	12
3	[SlNo]	2
4	[ArtTitle]	***ROLE OF TRIDAX PROCUMBENS IN THE MANAGEMENT OF WOUNDS AND IN BLEEDINGS PILES***
5	[ArtEqEng]	
6	[NmeScholar]	Kapil Sharma
7	[NmeGuide]	Dr.G.S.Lavekar
8	[NmeCoGuide]	Dr. Subhash Raut
9	[Dept]	Dept. of Shalya tantra
10	[Insti]	Govt. Ayurvedic college & Hospital, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1994
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya tantra
17	[AnyOther]	
18	[Abst]	An auxiliary study in respect of Piles specifically bleeding symptom treated with Tridax procumbens powder was undertaken. The significant factors observed during the whole study are discussed with scientific comments to understand the scientific truth; the same is narrated as follows. All the seven patients were having the habit of mixed food. The constipation was a common cardinal symptom observed in all the patients. The piles-Hemorrhoids are very common among the Western people, it is said that the Westerns are born with constipation; the constipation seems to be a common feature among them. The main important reason of constipation is Dietetic habit that is consumption of non vegetarian food, consequently giving rise to Piles. The patients under research study were constipated; again the reason was

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of non vegetarian diet. The non vegetarian diet is protieneous in nature which forms a small bulk and hence does not stimulate the peristalsis resulting into constipation and in long duration causing Piles. The standard line of treatment of Piles consists of many procedures but the most important one is to correct the constipation. The constipation plays an important role in bleeding Piles. The constipation was corrected with suitable purge but this alone does not stop the bleeding per rectum, no doubt regularizing the bowel habits reduces the pressure in the ano-rectal region, this helps in checking the bleeding up to some extent. To check the bleeding per rectum effectively, the Tridax powder in the doses of 500 mg 1. B.D. or T.D.S. was advocated orally along with local application of Tridax procumbens medicated oil. The observation with the above treatment in respect of Pile mass, Discharge, color, inflammation, ulceration and prolapse showed significant improvement with total checking in bleeding. The properties of Tridax procumbens, such as reducing discharge, oedema, wound healing are already experimentally proved (P.V.Diwan) and the attempt of the same has proved by the scholar in the clinical study pertaining to Vrana in main research work. The important conclusion inrespect of Tridax procumbens is that, no side effect such as Tachycardia, Hypotension, Hepatotoxicity were observed in the patients during clinical study. In nutshell, the oral and local use of Tridax procumbens in bleeding Piles for a shorter duration that is from 10 to 15 days seems to be the most effective and without toxic effects is the main conclusion of the study.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1397
4	[ArtTitle]	***STUDIES ON VRANASHODHANA DRUGS IN THE MANAGEMENT OF DUSHTAVRANA***
5	[ArtEqEng]	
6	[NmeScholar]	S.K. Sharma
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	S.B. Pandey
9	[Dept]	Department of Shalya-Shalaka
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Shalya-Shalaka
17	[AnyOther]	
18	[Abst]	In Dushtavrana the infection is chronic and massive having large surface area of wound, the necrotic tissue or slough is too much where the auto cleansing mechanism of body becomes insufficient for the increased demand of cleansing agent. So normal healing pattern can only be brought back if slough is removed by certain artificial method aided by local medicaments. In order to establish a relation between the properties of drugs to their enzymatic activity and their effect on wound tissue, five drugs of different combination have been studied on the excised and incised wound of albino rats on the standard parameters. The finally selected drug Udumbara had been studied on the excised wounds of animals by electron microscopy in order to study its mode of action, clinically

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Udumbar kshara sutra is assessed on patients of fistula in ano, a good representative of Dushta vrana.

The efficacy of the treatment had been assessed from various parameters in terms of unit cutting time. Finally the efficacy is compared with that of Snuhi kshar sutra, which had been considered as a standard in this study. Udumbar kshar had proved as an ideal debriding agent.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	45
4	[ArtTitle]	***WOUND HEALING AND TISSUE REGENERATION UNDER THE INFLUENCE OF THE DRUG MAMSA ROHANI (EXPERIMENTAL STUDY)***
5	[ArtEqEng]	
6	[NmeScholar]	Rao, Kala Sanjeeva
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1966
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	A Hymn of Atharva Veda mentions about the utility of herb 'Mamsa Rohani' in traumatic injuries causing perfect union of tissues of same kind. The aim of this work is to find out the nature of soft tissue regeneration. The bank of Mamsa-rohini is used in the form of ghee or decoction only. Primary screening of contraction on excised skin wounds of albino rats were conducted by local application of drug. Then sixty six young albino rats were divided into 5 groups, operated on five application of the drug on muscle wounds. The observations corroborated with histological ski and dogs heart and intestine. Muscle is capable of regeneration under the influence of certain circumstances Mamsa including the application of rohini. It incases the tensile strength of incisional muscloperationial wounds. Treated condiac wounds show no healing quality by this drug.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	24B
4	[ArtTitle]	***EFFECT OF JALAUKAVACHARANA IN KSHUDRA KUSTA WITH SPECIAL REFERENCE TO VICHARCHIKA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Satyamurthy
7	[NmeGuide]	Dr. K.V. Raghavendra Rao
8	[NmeCoGuide]	Dr. R.P. Hosmath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The dissertation deals with practical aspects involved in Jaloukavacharana, namely pre-operative, operative and post-operative methods. The last part deals with the evaluation of theoretical and practical study. Among the important lines of treatment adviced for Kushta roga, Raktamokshana is one of the highly advocated one. The Jalaukas suck the impure blood from the blood stream by selection just like Hamsa. It is easiest, economical, anaesthetic and without any complication for the purpose of case study on variety of jalouka namely 'kapila' was selected. 25 cases were taken for the clinical trail. Blood composition was investigated in all the cases. The case having Kandu, Pikada srava and Shyava varnata were selected

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Jalaukaracharana was done once in 15 days for 5 occasions in two months and no internal medication was allowed.

Among 25 cases, 8 cases were completely cured and 17 were improved. Among 10 acute cases, 1 got cured and 14 were improved. Among 16 cases of 16-40 years of age 7 cases got cured and 9 were improved. Among 9 cases above 40 years of age, 1 was cured and 8 were improved. Considering the signs and symptoms, Kandu and Srava were completely stoped, while Pidaka and Shyvata were improved. There is no significant artibutable variation in both cured and improved cases in the blood composition.

Jalaukavacharana was found to be encouraging in acute cases, below 40 years of age. An inference was drawn that it disintegrates pathological factor with normally produce Kushta and predominantly Pittadosha.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1394
4	[ArtTitle]	***ANAESTHESIA AND PSYCHOSOMATIC CONSTITUTIONA (PRAKRITI) - A CLINICAL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	F.S. Gundera
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	S.B. Pandey
9	[Dept]	Department of Shalya-Shalaka
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1975
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Shalya-Shalaka
17	[AnyOther]	
18	[Abst]	In the present work an effort has been made to find out as to how young healthy individuals belonging to three doshaj prakriti viz. vatic, paittic and kaphaj respond clinically to uniform techniques of general anesthesia, administered for elective surgery. The study revealed that vatic prakriti individuals are very apprehensive and excitable and took a longer time to get anesthetized. Individuals belonging to paittic prakriti also consumed maximum amount to attain surgical stage of anesthesia. Kaphaj prakriti individuals sleep easily with relatively lower dosage of anaesthesia agents.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	96
4	[ArtTitle]	***FREE FATTY ACID AND BLOOD GLUCOSE STUDIES AFTER THE USE OF JALNIMB AND SHANKHPUSHPI AS PREANAESTHETIC AGENTS.***
5	[ArtEqEng]	
6	[NmeScholar]	Pant, Niwas
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Stress in the operation theatre causes a rise in blood sugar and plasma free fatty acid levels. The indigenous drugs having antipsychotic action used as pre anaesthetic agent may have some role to prevent such rise. Tablets of 200 mg of dried alcoholic extracts of the drug Jalminb and Shankhapushpi were prepared. Sixty adult female patients posted for dilatation and curettage were divided into 4 groups. For pre-medication atropine and the above two drugs were given in different proportions to the different groups. Brahmi and Shankhapushpi alone or in combined sub therapeutic doses produce insignificant increase in blood glucose and plasma F F A as compared to atropine alone. Brahmi causes more sedation than Sankhpushpi.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	141
4	[ArtTitle]	***POORVAKARMA IN RELATION TO ANAESTHESIA***
5	[ArtEqEng]	
6	[NmeScholar]	D.N. Pande
7	[NmeGuide]	S.B. Pande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The pioneers of Ayurveda advocate 'Poorvakama' as one of the useful procedures for the patients undergoing surgery. With this view, a study was done to evaluate the role of Poorvakarma in anesthesia. It may be equally useful of the anaesthetized patients, by reducing the anaesthetic risks and complications. For this study, 60 healthy patients of same age and weight, proposed for abdominal surgery were selected. They were divided in two groups of 30. Group I underwent Poorvakarma (Basti Karma) before going for anaesthesia where as Group II underwent anaesthesia without Poorvakarma. The technique of general anaethesia was uniform in both the groups. It was observed that the patients who underwent Poorvakarma before anaethesia shows less tachycardia, higher sedation rate and lesser undesirable effects of Premedication. Thus the safety level was increased.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	136
4	[ArtTitle]	***ROLE OF JATAMANSI IN ANAESTHESIA***
5	[ArtEqEng]	
6	[NmeScholar]	P.K.Gulati
7	[NmeGuide]	S.B. Pande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	Jatamanasi a Medhya Dravya was tried to evaluate its utility as pre-anaesthetic medication to replace modern sedative and tranquilisers in anesthetist armoury. An experimental study on albino rats was conducted to see the CNS depressant action of drugs. Clinical trial was conducted on 75 patients who were divided into three groups of 25 each. Ist Group received Atropine 0.6 mg, IInd Group received Atropine 0.6mg i.m. and Diazepam 10mg. orally, whereas Group III received 0.6 mg Atropine i.m. and 400 mg of Jatamansi tablets orally. The scientific parameters were adopted for assessment of results. It was found that Jatamansi and Diazepam were almost identical in producing sedation, allaying of apprehension, excitement and production of amnesia. Injection of Atropine alone could not achieve the same effect. Further, Jatamansi

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has no adverse effect on the course of subsequent anaesthesia also. Quick induction, fast and smooth recovery and no post anaesthetic sickness were found with Jatanansi, thus, it was concluded that the action of Jatamansi resembles like Diazepam as preanaesthetic agent.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	102
4	[ArtTitle]	***STUDIES ON CERTAIN INDIGENOUS DRUGS AS ANAESTHETIC AGENTS***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Hardev
7	[NmeGuide]	P.J. Deshpandey
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	In Ayurvedic text books some effective drugs are mentioned belonging to Vedanasthapana and Shoolprasamana groups. Some of these drugs are subjected to experimental trial for their utility as local analgesic. Total water soluble extracts of Tumburu, Chavya, Nirgundi, Ajamoda, Muchukunda, Prasarini, Pippalimoola and Shunthi were used and action was noted in frogs. Sub-cutaneous injection of Tumburu to albino rats was administered to see its toxic effect. It was concluded that none of the above drugs are useful as local analgesic in clinical practice. They can relieve pain by their anti-inflammatory and counter-irritant action.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	148
4	[ArtTitle]	***STUDIES ON POORVAKARMA IN RELATION TO ANAESTHESIA***
5	[ArtEqEng]	
6	[NmeScholar]	Bhatt, S. Subramanya
7	[NmeGuide]	S.B. Pande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	Sushruta has advocated many procedures in Poorvakara, Mridu Virechana and Basti were selected as Poorvakarma for study on patients undergoing general anaesthesia. Shatsakara Churna was used for Mridu Virechana. Dashmooladi Quatha for Nirooha Basti and Narayana Taila as Anuvasana basti were used on alternate days in pre-anaesthetic period. The effects were assessed just before anaesthesia, during subsequent anaesthesia and in immediate anaesthetic recovery period. The assessment was made on the parameters accepted by scientific world. Poorvakarma procedures controlled the tachycardia and pyrexia produced by the use of Inj. Atropine sulphate. It was also helpful in allaying the apprehension and excitement. The patients were calm and quiet in prean anaesthetic drug required and excitement. The patients were claim and quite in pre-

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anaesthetic period. During anaesthethsia also the induction time of anaesthesia and the anaesthetic drug requirement was also reduced. In post anaesthetic period the recovery was smooth and no post-anaesthetic sickness was noted. Thus it reduces the complications and hazards of anaesthesia.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	107
4	[ArtTitle]	***STUDIES ON ROLE OF PARASIKA YAVANI (HYOSCYAMUS RETICULATUS) AS PREANAESTHETIC AGENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dixit, Ashok
7	[NmeGuide]	S.B. Pande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Indigenous drug Parasikayavani possessing sedative property (Raja Nighantu) and dryness of mouth (Wealth of India) is subjected to experimental and clinical trial on rats and human beings respectively to replace modern anticholinergic and sedative drugs used as pre-anaesthetic medication. In experimental study on rats Parasikayavani was proved to be central nervous system depressant drug in the dose of 30 mg/100 g body weight. In clinical study Parsikayavani was compared with Atropine Sulphate in anaesthetic period, during subsequent anaesthesia and in post-anaesthetic period and it provided extra beneficial over the Atropine Sulphate. It produced less tachycardia with no rise of oral temperature than atropine and antisialogogue effect was similar to atropine.

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1 [ArtID]
2 [FolNo]
3 [SlNo]
4 [ArtTitle] ***THE PARA SURGICAL APPROACH – LEECH APPLICATION (JALUKAVACHARANA) IN GLAUCOMAS***
5 [ArtEqEng]
6 [NmeScholar] N. Srikanth, K. K. Chopra
7 [NmeGuide]
8 [NmeCoGuide]
9 [Dept]
10 [Insti] Central Research Institute (Ay.), Punjabibagh, New Delhi.
11 [Univ]
12 [Year] J.R.A.S. Vol. XXIV, No. 3-4, (2003) pp. 1-3
13 [EnNo]
14 [Lang] English
15 [Study]
16 [SubStudy]
17 [AnyOther]
18 [Abst]

The present study was conducted on 30 diagnosed patients of chronic simple glaucoma to establish the effect of Jaluakavacharana (leech application). The study has revealed that this parasurgical approach is very effective in managing such conditions. There was marked reduction in intra ocular pressure (IOP) and no adverse effect of the therapy were noticed. An attempt has also been made to review the basic oncept of the disease.

The assessment of results has been made on the basis of response of I.O.P. to the treatment employed and catagorised as responded or not responded based on the criteria mentioned above. I.O.P. was checked daily for first five days and repeated on 15th and 30th daily. 12 patients responded on first day (40%), 5 patients on 2nd day (16.6%), 6 patients on 3rd day (20%), 3 patients on 4th day (10%) and one patient on 5th day (1.33%) and 3 patients did not respond (10%).

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***ROLE OF KSHAR SUTRA IN THE CASES OF STAN-NADI-VRANA (MILK FISTULA) A CLINICAL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	S.K.Singh, Suniti Singh and K.K.Sijoria
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	
12	[Year]	Journal of Research in Ayurveda and Siddha (JRAS), Vol XV, No.3-4, Sept-Dec,1994,pp 150-154
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Kshar Sutra therapy is very popular amongst patients suffering from piles and fistula in ano. Kshar is having the property of debridement and thus induces healing in a non-healing fibrosed surface. Keeping this in mind, Kshar Sutra therapy was tried in patients of chronic non-healing milk fistula. Total number of five cases were registered for this study. Kshar sutra was applied. Jatyadi Taila was applied locally and orally tab. Shigru Guggulu was given. It was found that the results were very much encouraging and further extensive work is required in this field.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[Art Title]	***STANDARDIZATION OF KSHARA SUTRA***
5	[ArtEqEng]	
6	[NmeScholar]	A. K. Dwivedi et. al.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research in Ayurveda & Siddha; New Delhi-58.
10	[Insti]	Indian council of Medical Research Centre for Advanced pharmacological Research on Traditional Remedies at Central Drug Research Institute, Lucknow.
11	[Univ]	
12	[Year]	JRAS, Vol. XII No. 1-2, pp-85-92,1991.
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Ksara-sutra is an Ayuvedic technique, which is at present used for the treatment of Bhagandara. The standards of various individual constituents and Ksarasutra have been laid down. The methods of identification of the individual constituents are also reported. It is concluded that standardization of such a developed Ayurvedic technique is useful.

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4.8. MUSCULO-SKELETAL DISORDERS

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	4
4	[ArtTitle]	***CLINICAL AND BIOLOGICAL STUDIES ON THE ROLE OF AMRITA BHALLATAKA AS A NAIMITTIKA RASAYANA IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS (AMAVATA)***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Ajoy Kumar
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The objective of this work is to have a clinical and psychobiological study on the disease entity, Amavata vis-à-vis rheumatoid disease and to evaluate the Naimittika Rasyana effect of the popular Rasayana drug, Amarita Bhallataka in the management of a series of patients of Amavata. Amrita Bhallataka (introduced by Yoga Ratnakar) comprises Bhallataka (Semecarupus anacardium) mixed with ghee, milk and sugar. 100 cases of Amavata were registered for this purpose. Among them a series of 30 patients were treated with Amrita Bhalltaka in the dosage of 5 gm. Per day in two divided doses for a period of 6-9 weeks. The assessment of the effect of the drug

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was made in assessment and psychological improvement. The d-xylose absorption rate was found significantly improved indicating an improvement in the gastro intestinal functions which are essentially defective in case of Amavata.

The experimental studies conducted for screening of various indigenous drugs for their anti inflammatory activity showed that Bhalltaka and very little anti inflammatory activity. So, it could be presumed that Bhallataka probably acts fundamentally normalize the gastro intestinal function and therefore inhibit the formation of ama in case of Amavata. This postulation confirms with the Rasayana effect. So, it can be concluded that Amrita Bhalltaka is a good remedy for the management of Amavata.

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1	[ArtID]	
2	[FolNo]	19
3	[SlNo]	7
4	[ArtTitle]	***A STUDY ON BALLATAKADI YOGA IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS***
5	[ArtEqEng]	
6	[NmeScholar]	Satyendra Nath Sharma
7	[NmeGuide]	Nitya Gopal Bandyopadhyaya
8	[NmeCoGuide]	
9	[Dept]	Department of Dravya Guna
10	[Insti]	Govt Ayurvedic College & Hospital, Patna
11	[Univ]	Baba Saheb Bhimrao Ambedkar Bihar University, Muzaffarpur
12	[Year]	1994
13	[EnNo]	2359/76
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Dravya Guna
17	[AnyOther]	
18	[Abst]	The present study may be considered as a pilot study where only the primary clinical screening of the drug Bhallatakadi yoga in 11 (Eleven) patients could be possible. The time schedule and the sample of population studied in the clinical evaluation of the drug was not adequate to reach on a definite conclusion. From the above study and discussion on the observation of results obtained following conclusion may be drawn.

1. Out of the 11(Eleven) patients maximum number falling in the 41-50 years of age group seems to be more prone to the Amavata (Rheumatoid Arthritis), however it may occur at any age according to the data found.
2. Sandhi (Shoola, Shotha, Stabdhata and Tenderness) are

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the four main clinical manifestations of the disease Amavata (Rheumatoid Arthritis). Along with the above symptoms Fever, Agnimandya, Aruchi, Hridagraha and Nidralapata are the main allied symptoms which affects most of the patients suffering from Rheumatoid Arthritis.

3. It effects the females more frequently than the males true to the basic features of the disease Amavata (Rheumatoid Arthritis).

4. The drug Bhallatakadi yoga prepared by the method as mentioned in clinical study is effective to reduce the cardinal symptoms of Amavata like Shoola, Shotha, Stabdhata and Tenderness, particularly in the effected smaller joints like distal interphalangeal, proximal interphalangeal etc. as compared to the bigger joints like knee, ankle etc. It may be due to the short duration (14 days) of the treatment.

5. The drug is quite irritative due to the presence of Bhallataka Guggulu & Kupilu. So it should be prepared carefully and should be administered in a very small dose. No complications were detected in the present trial dose of Bhallakadi Yoga 1200 mg in three divided doses were given with water after meals to the patients. Each capsule contained 400 mg of Bhallatakadi Yoga.

6. The drug is also effective to combat the general symptoms like Jwara, Agnimandya, Aruchi and Vibandha as found in Rheumatoid Arthritis.

7. Appetite increased considerably after the administration of the trial drug compound which signify the positive role of the Bhallatakadi Yoga on the Mandagni Symptom in patients.

8. The decrease of E.S.R. by the administration of the drug also signify its efficacy in the infectious and chronic states.

9. Bhallatakadi Yoga may be used in any Vatakaphaja predominent diseased condition of Amavata.

10. It can also be concluded that the drug Bhallatakadi yoga is having Dosha Viparita,Vyadhi-Viparita and Dosha

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Vyadhi Ubhayaviparita action due to its Ushna Virya and Vata Kaphahara Properties.

Nothing wonderful can be claimed from the observation in present study. Due to the time factor and non availability of the more number of the patients of Amavata in present trial, So. study in higher sample for this study could be kept due to the inadequacy number of the patients. Overall on the basis of the above observed clinical study, it can be concluded that the drug definitely possesses some Amavatahara activity.

It needs further exploration to establish the efficacy of this compound drug in the treatment of Rheumatoid Arthritis.

Bhallatakadi Yoga was tried in 11 patients of Rheumatoid Arthritis. In the present study the cardinal symptoms of Rheumatoid Arthritis like Shoola, Shotha, Stabdhata,Tenderness;

Particularly in the affected smaller joints like distal interphalangeal and proximal interphalangeal joints showed significant improvement in comparision to the affected bigger joints like knee and ankle.

This compound drug was also affective in combating the general symptoms of Rheumatoid Arthritis, Such as Jwara Agnimandya, Aruchi and Vibandha. It can be concluded that Bhallatakadi Yoga has got a definite Amavatahara activity in Rheumatoid Arthritis patients, specially in the affected smaller joints like interphalangeal and proximal interphalangeal joints

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1	[ArtID]	
2	[FolNo]	10
3	[SlNo]	7
4	[ArtTitle]	***AETIOPATHOLOGICAL STUDY OF AMAVATA VIS-À-VIS RHEUMATOID ARTHRITIS***
5	[ArtEqEng]	
6	[NmeScholar]	Bhabani Shankar Pal
7	[NmeGuide]	Prof. Devakar Ojha
8	[NmeCoGuide]	Prof. P.K. Shukla, Dr. (Mrs.) Usha
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1994
13	[EnNo]	213209
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present study entitled "Aetiopathological study of Amavata vis-a-vis Rheumatoid Arthritis" aimed to work out a comprehensive aetiopathological study of Amavata which has been comparable with Rheumatoid Arthritis and their correlations. We observed that younger age groups were mostly affected (65%) with predominance of females (F: M – 3:1). Most of the patients (65%) had exacerbation of the disease in the cold seasons like rainy and winter and 60% of patients had decrease of pain due to warm fomentation. It was observed that most of the patients (77.5%) were of mixed diet and slow type of eating in habit. No correlation of occupation, inhabitant, addiction, relation with marriage and family histories of arthritis were observed in RA cases. The disease had mostly

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(70%) insidious type of attack and mental stress was observed to exacerbate the disease.

All infectious agents have been blamed as its aetiology. HLA-DR_4 (HLA-DR in case of Indians) genetic antigen is an associated factor with severity of the disease. According to Ayurvedic aetiological factors, Mandagni in 27.5%, Nishchalatwa in 20% and vyayama soon after diet in 50% of cases were observed.

In our study the majority of the patients had anaemia, weakness, fatigue, fever and loss of appetite, about one third to half of the patients had lethargy, indigestion, flatulence and constipation as extra articular sign and symptoms. According to Ayurvedic description Angamarda, Agnimandya, Aruchi, Nidranasha, Akarmanyata, Jwara, Gauravam and Agni shunata were found in the majority of the cases as extra articular sign and symptoms. The present criterion of diagnosis of RA has given importance to involvement of hand joints. In our study, Hand PIP-70%, MCP-80%, Wrist-77.5%, knee-60%, Ankle-55% joints were found to be involved in majority of the cases, and in about one third to half of the cases there was involvement of elbow, shoulder, MTP, leg PIP joints, as articular manifestations. Same type of involvement of the joints (which are described in Ayurveda) were found as Hasta-95%, Pada-57.5%, Gulpha-55% and Janu-55% were in majority of the cases. Swelling of Hast and Pada joints were also observed in majority of the cases.

The clinical symptoms of Ama like Srotorodha, Balabhramsa, Gaurava, Alasya, Aruchi and Klama were found in majority of the cases. According to the Ayurvedic principle Ama-mala dips down in the water. But in our study we did not get any significant observation in RA cases when compared with the controls. So we think in this disease the Ama may be present in the Dhatu (tissue) level which may manifests the diseases, but not in the intestinal level. The cause of formation of Ama (which is responsible for Amavata) may be due to Dhatvagni Mandya, but not due to Jatharagni mandya.

In our study the patients of RA were to be positive for, R.F.-57.5%, C-RP-80%, L. E. Cell -2.5%, ANA-8.33% and

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HBsAg-5%. Whereas, 5% of controls were positive for HBsAg. Haemoglobin (gm %) levels were highly significantly decreased in both types of RA (seropositive and seronegative) cases in comparison to controls and it was seen to be correlated well with the duration of the illness. ESR was highly significantly raised in both types of RA cases which did not correlate with the duration of illness, so it indicates to the severity of the disease but not the duration of illness.

TLC was insignificantly increased in both types of RA cases. In the DLC, we found that Neutrophils and lymphocytes were significantly increased in seronegative RA cases. Total serum protein levels were in the normal range. Serum albumin levels were found to be decreased where as serum globulin levels were increased in both type of RA cases. Serum IgG, IgM were highly significantly increased in seropositive RA patients and IgG and IgM were also significantly increased in seronegative RA cases. This shows that seropositive RA is more severe than seronegative. In the electrophoresis no significance change was observed. Humoral immunity showed marked increase in all the three serum immunoglobulins i.e. IgG, IgA, IgM, indicating a reaction to some foreign or endogenous autoimmune antigen.

Absolute lymphocyte count was with in normal range in seropositive RA cases but mildly increased in seronegative cases. T-Cell rosette count was highly significant, decreased in both type of RA cases. Cutaneous DTH response to sensitizing dose (2000 mg) of 2:4 DNCB showed impaired immunity (+ and ++) in 80% of RA cases in comparison to 30% of impaired immunity in controls. HBsAg test showed positive in 2 patients (5%) and both had impaired type of response to the sensitizing dose of 2:4 DNCB. So cell Mediated Immunity was impaired in most of the RA cases.

Circulating immune complexes were found to be highly significant, increased in both type of RA cases and as the duration of illness increases the level of immune complexes decreases.

Due to sufficient evidence we suggest that Ama can be compared with immune complexes, particularly in this disease

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of Amavata. We found that as the number of clinical signs and symptoms of Ama increased, the level of immune complexes were also increased. Our study was based upon a small number of patients of Varanasi region. So there is need of more and more studies in different parts of our country for the solution of controversy of Ama and Amavata. We think, this study may provide some aid to the further researchers.

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1	[ArtID]	
2	[FolNo]	2A
3	[SlNo]	17
4	[ArtTitle]	***AETIO-PATHOLOGICAL STUDY ON AMAVATA (RHEUMATISM) DIAGNOSTIC-THERAPEUTIC EFFICACY OF BHALLATAK (SEMICARPUS ANACARDIUM) KSHIRPAK***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. P.K. Mohanty
7	[NmeGuide]	Dr. Loknath Sharma
8	[NmeCoGuide]	Dr. Peeyush Mehta
9	[Dept]	Department of Rog & Vikriti Vigyan
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	1995
13	[EnNo]	92/3438(A)
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Vikriti Vigyan
17	[AnyOther]	
18	[Abst]	40 Cases under study gave history of indulging in such things which can be grouped under virudha ahara. Very hot substances followed by cold substances and vice versa, eating without appetite are some of the important factors found in these cases. It appears that indulgence in virudha ahara had unfavorable actions on agni and as such this factor as contributed to inhibit the action of agni, because early symptoms in these cases were predominantly suggestive of the vitiation of agni. Some of the factors which are not mentioned in texts, but were found in cases such as indulgence in tobacco, betel leaf, snuff etc. can also be grouped under the heading of virudha ahara which has properties detrimental to the health of body tissues of various systems. Two patients

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had the habits of taking opium. 5 patients were smoking and eating tobacco. The constant use of these things had a harmful effect on health of these patients and it appears that these things had impaired the power of digestion at the gastro-intestinal and at the tissue levels either directly or indirectly. In some of these cases, it is common that these factors played as secondary role.

FACTORS REGARDING PERIOD, PLACE, MODE & METHOD OF FOOD: - Under this heading can be considered some of the factors which come under virudha ahara. 5 cases gave a history o indulgence in some factors which can be grouped in this category. Indiscipline in observing the rules regarding "Ahara Vidhi Vishesa aitana" - such as taking meals untimely, irregularity in eating, haste in taking food and some other factors of this nature were the predisposing conditions found in these cases. Indulgence in these factors is supposed to linger the process of normal digestion and serves directly or indirectly to inhibit the production of digestive juice and various enzymes and certain hormones which regulated these systems.

VIRUDHA CHESTA: - Some cases were studied under this category. Exercise, coitus, swimming, physical activities during indigestion and exercise just after taking meals particularly meals predominantly containing fats or heavy substances which are some of the factors of this nature were found in these patients. Some patients gave a history of Vegavarodha, late sleeping and of going against the normal mode of seasonal daily or age routines necessary to maintain healthy life. Physical exercise of any type just after any type of meal impairs the blood circulation to the gastro- intestinal wall, resulting in inhibition of the release or digestive juices and enzymes vegavarodha also inhibit the flow of digestive juices indirectly disturbing the normal balance in the body and may ultimately contribute to the production of amarasa.

NISHCHALATWA: - It was found in 10 cases that the physical activity was practically negligible. Most of them were having sedentary occupations, for which the production of heat and energy is diminished. Unutilized glucose

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transformed to fats and deposited in liver and adipose tissues. Fats have similar properties to kapha. Due to vitiation of kapha mandagni occurs.

MANDAGNI: - Mandagni was found in almost all the 35 cases selected for study. Determination of agnibala in these cases was on their intake of food & the power of digestion. All direct causes which were supposed to create agni mandya in these cases can be grouped under factors mentioned in Ahara-vidhi-vishesa-aitana. In some cases there was history of previous illness for a pretty long time preceding their present condition. Fever, anaemia, leucorrhea, piles & worms are some of the conditions which were obtained from the history of these patients. These factors chronic illness, in addition to creating certain disorders has also disturbed the normal process of digestion by impairing the power of digestion.

Mandagni in these cases created amarasa. From the textual description of the samprapti and the symptomatology of amavata supported with clinical findings in cases under taken for study. There is a sufficient basis to conclude that amarasa which plays a prominent role in this disease by virtue of its physical and biochemical properties has the ability to vitiate the rasadhatu, kapha, & vata.

The fore going description regarding the aetiological factors, mainly virudha ahara, virudha chesta, nischalatwa etc. clearly shows that these factors directly or indirectly impair agni and help in the formation of amarasa which is the prime factors for pathogenesis of amavata. The whole concept of treatment and various principles and mode of therapeutics applied in amavata mainly centers round correcting the stage of agni i.e. removing agni mandya. Correction of agni mandya helps in disintegration of samprapti of amavata resulting in the improvement in main manifestation of the disease.

It should be clear, therefore, that amavata must be construed to have been a generic term comprising all forms of arthritis, with or without fever (Fever would appear to be an accompaniment of all types of infective arthritis, but there is no specific mention of this in Madhavakar's definition) when

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we give to the words used by him their true meanings (or at any rate, what appears to me to be their original meanings), we seen to arrive at a comprehensive pathogenic process (Samprapti) which is inclusive of all types of arthritis.

There is further interesting facts. Most of the modern infective types of arthritis are caused by organism which appears to have a capacity not only to invade the joints but also the heart and the brain and in some cases the urinary bladder and small bones of the ear. Ayurveda mentions the marmas, (the brain, heart and bladder), the bony joints and their integument as comprising a special channel of doosha as: the Madhyama roga marga. To me it certainly seems to be very interesting that organism, having an affinity for the joints also exhibit a co-lateral type of affinity for the cardiac muscles or endocardium, the bladder, the brain. It should think that this concept of a specific roga margas is not tackled. Clinically and pathologically in modern medicines, the Ayurvedic concept, although ancient in time is an advancement.

It is quite possible that there are errors of omission and commission in this mostly singly handed attempt, for which I beg to be excused. Intellectuals are welcomed for constructive criticism and defects will be gratefully acknowledged.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	1
4	[ArtTitle]	***A CLINICAL STUDY OF AMA AND ITS POSSIBLE BIOLOGICAL CORRELATES WITH REFERENCE TO THE EFFECT OF PANCAKOLA KASAYA IN THE MANAGEMENT AMAVATA (RHEUMATOID ARTHRITIS)***
5	[ArtEqEng]	
6	[NmeScholar]	DEVALLA RAMESH BABU
7	[NmeGuide]	PROF.R.H.SINGH
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayacikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1989
13	[EnNo]	190906
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayacikitsa
17	[AnyOther]	
18	[Abst]	The present thesis aims to launch a critical study on the concept of Ama and its clinico-pathological significance. It also aims to identify the possible clinical and biological correlates of Ama to be used as indicators of Ama for the purpose of quantifying the Ama state and to assess the effect of anti- Ama therapeutic measures. This study has revealed certain important observations both conceptually as well as clinically and biologically, which appears to be of permanent importance in this field. Before we proceed to discuss specific observations of the present study, it is worthwhile to discuss the nature of Ama, and its pathogenecity. As also discussed earlier Ama is the product of faulty digestion and metabolism resulting due

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to mandagni. The concept of Agni in Ayurveda is a unique approach to the understanding of the physiology of digestion of food and metabolism. The agni is derived from the tejas tatwa of Pancamahabhuta. Hence, it is very closely alleged to the entity of pitta dosa. The ayurvedic classics describe essentially thirteen types of agnis. Certain texts view the phenomenon of agni vyapara on slightly varied perspectives. For all practical purposes the entire phenomenon can be identified at following levels; Taijas tattva of Pancamahabhuta, The Pitta dosa of Tridosa, active at 5 levels Pacaka, Bhrajaka, Alocaka, Ranjaka, and Sadhaka, One Jatharagni action at the level of gastrointestinal tract, Pacakamsas – the Pacakamasas which are essentially the constituents of Pacakagni but are located in seven respective Dhatus, Sapta Dhatvagnis responsible for tissue metabolism, Panca Bhutagnis responsible for metabolism at molecular level, i.e., at the level of Bhutas.As the Agni is identifiable at the above 6 levels of its location and function, the entity of Ama will also have to be identified at these 6 levels. Thus, Ama essentially is not one single entity but is a category or condition with some common denominators identifiable at any level of the biological organism.For all practical purposes the Jatharagni is the master Agni and is considered to govern the function of all other Agnis. Jatharagni is responsible for digestion of food and any deficiency or malfunctioning at this level of Agni leads to the production of Ama in the form of Ama anna or Ama rasa. This kind of Ama will naturally produce such disorders which will be short term and will be localized to digestive system. The common classical examples of diseases produced by Ama at this level are Visuchika. Alasaka, and Vilambika. Even at this level the Ama will have to be identified either in the form of Ama anna, i.e., indigested food, also termed by Caraka as Anna - Visa or in the form of Ama - rasa i.e., Ama - poshaka rasa. Besides the above mentioned form of Ama another dimension of Ama can be identified at systemic level i.e., at the level of body tissues. This is essentially caused by the deficiency of Dhatvagnis. In such a situation the tissue metabolism remains inadequate leading to prolonged accumulation of a variety of unwanted and incompatible

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products in the system which could be responsible for the genesis of different kinds of systemic Amaja diseases like Amavata. Similarly, the Agni - Vyapara operating at the level of Panca Mahabhutas are comparable to molecular metabolism. The deficiency of this dimension of Agni may result into such metabolic errors and production of such unwanted and incompatible products of finer metabolism which should be identified at the finest level of the life process. Possibly it is difficult to identify and interpret such an advanced concept of metabolism as conceived in ayurveda. The author feels that the western modern science of medicine has not developed to this extent. Hence, one may not be able to identify practical indicators of Bhutagnis in terms of modern science.Leaving the above context aside, one obvious fact which ensure prominently is the incompatible nature of Ama. Ama at any level appears to a category of materials which are the unwanted by products of digestion and metabolism, responsible for developing an abnormal state in the body which manifests characteristically through a series of symptoms. Such a state or material is essentially an unwanted liability in the system, and as would be discussed later this state/material acts as the visha or a vitiating factor in the body. The clinical and laboratory investigations made in this thesis have yielded significant evidence to suggest that Ama acts like an antigen in the system and result into an accelerated rate of antibody formation. The above discussion clearly suggests that Ama is a very important morbid factor responsible for the causation of a variety of local and systemic diseases. It is believed that Ama plays the key role in the genesis of all diseases. Hence, it is very necessary to develop some working indicators to measure Ama in clinical practice. It is with this objective that the author launched an intensive clinical and laboratory study on Ama /Ama state in clinical cases. For this we selected a series of 50 patients of Amavata i.e., Rheumatoid disease. We purposely selected only those cases that were not very chronic and complicated. We selected patients of recent onset presenting with Rheumatoid disease with symptoms of Ama state. All these patients wee thoroughly examined and were subjected to laboratory investigations relevant to the study of

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Ama in the light of the conceptual facts discussed above. Further attempts were made to correlate the subjective/ objective manifestations of Ama state with laboratory findings. A selected group of patients were treated by a classical anti-Ama remedy, Pancakola kasaya, to see its effect on Ama state and in turn to test the correlates of Ama on therapeutic footings. These studies of 50 patients in Ama state indicated the presence of moderate to severe degree symptoms like Aruchi, Ajirna, Anilamudhatha, Malasanga, Udgara, Sula, Utklesh, Atisara, Alasya, Sarira gourava, Jwara, Sotha, Bahmutrata and the presences of one or the other disorders of Ama. All these symptoms are classically known as the manifestations of Ama state. When all these patients were subjected to D-xylose absorption studies, it was interesting to note the rate of absorption was significantly reduced in these patients as compared to known standard normal levels. Thus, it seems that Ama because of its biological nature causes *Srotavarodha* and hampers absorption capability of gastrointestinal tract. This contention was further validated when one could observe a statistically significant recovery in the absorption ability after a course of treatment of these patients with Pancakola kasaya, a known Ama - Pacana drug. The immunological studies conducted on the present series of patients in terms of Widal titre and Tuberouline tests; one could observe markedly accelerated non specific immune response in these patients with raised Widal titre and increased Tuberculin reaction. It is presumed that because of the presence of Ama which is essentially an antigenic material there is increased anti body reaction. Ama is essentially an unwanted and incompatible product, also designated as visha and hence is supposed to act like an antigen pool in the body leading to auto immune phenomenon. The present study strongly substantiates this postulation. This conclusion again is strongly substantiated in this study by a marked reduction in Widal titre and Tuberculin response in these patients when treated with a course of Ama pacana drug, Pancakola kasaya. The above contention is further supported by the fact that a good proportion of these patients showed R.A. test positive indicating the presence of Rheumatoid factor in circulation

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generated in response to auto antigen, Ama. Similarly, the reversed albumin globulin ratio with preponderance of serum globulin also suggests the similar state. This reversed A:G ratio was substantially corrected when treated with the Ama pacana drug, Pancakola kasaya. All these studies convincingly suggest that Ama / Ama state appears to be antigenic in nature and seems to be responsible to initiate auto immune reaction in the body which may lead to the development of one or the other kind of auto immune disease like Amavata. The nature of such an auto immune disease may vary with the type, quality, quantity, and location of Ama in the system. In view of the discussions held above, the author is inclined to suggest that the auto immune phenomenon may be taken as an indicator of Ama state in the body. At this juncture, it will be worth while to discuss the therapeutic efficacy of Pancakola kasaya in Amavata with reference to the Ama state. The present self controlled preliminary clinical trial of Pancakola kasaya in patients of Rheumatoid disease yielded notable clinical relief in these patients in addition to the fundamental points made above in the context of Ama pacana. It may be mentioned that Pancakola kasaya is neither an analgesic or an anti inflammatory remedy nor an immuno suppressive agent in true sense of western modern pharmacology. It is essentially an Ama pacaka, leading to auto antigenecity which might be responsible for alleviation of the symptoms and reversal of altered laboratory findings discussed above. Thus, because of an entirely different understanding of the etiopathogenesis of Amavata, the approach to the treatment of this disease in ayurveda is entirely different than that practiced in western modern medicine. It will be worthwhile to launch detailed scientific studies in this hitherto new approach of treatment of auto immune diseases. The present study though of a preliminary nature opens newer vistas for research in this important field of medicine.

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1	[ArtID]	
2	[FolNo]	2C
3	[SlNo]	26
4	[ArtTitle]	***STUDY TO EVALUATE THE EFFICACY OF VASTI IN RHEUMATHOID ARTHRITIS (AMAVATA)***
5	[ArtEqEng]	
6	[NmeScholar]	Arun Gupta
7	[NmeGuide]	Dr. Ajay Kumar Sharma
8	[NmeCoGuide]	Dr. Radhey Shyam Sharma
9	[Dept]	Department of Kayachikitsa
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	1999
13	[EnNo]	96/40379
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	1. RA (Amavata) is a chronic psychosomatic disease which needs multi dimensional approach to treat it. 2. Shaman chikitsa with the help of herbal and herbo mineral drugs produces temporary relief in the patients of RA. The disease gets precipitated soon after exposure of the patient to precipitating factors. 3. As per textual description shodhan chikitsa in the form of Panchakarma therapy is supposed to be better than shaman chikitsa as shodhan therapy tries to act at the very root cause of the disease, eliminates vitiated doshas from the body. 4. It appears that shodhan therapy when administered along with shaman therapy can produce wonders in cases of RA.

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5. Sinhanada guggulu with the help of its constituents checks the formation of Ama dosha and Vaitaran vasti eliminates vitiated doshas along with mala and other toxins from the body. Thus it is clear that this combined therapy attacks the basic root cause of the disease and produces long lasting results in patients of RA (Amavata).
6. Moderate result was observed in patients of RA treated with Vaitaran vasti alone.
7. Mild response was noticed in patients of RA (Amavata) treated with Sinhanada guggulu alone.
8. It was observed that new cases of RA (Amavata) respond very well to the treatment of advocated while chronic cases show only symptomatic improvement.
9. Vasti chikitsa is a scientific technique. Vasti dravyas reach as high as up to the level of navel (Even up to the level of duodenum in some cases) vasti dravyas when expelled out from rectum bring with them vitiated doshas, malas and various toxins responsible for the production of disease. Thus complete cleansing of mahasrotas enables the patients to show long lasting beneficial effects in cases of RA (Amavata).

Shodhan therapy in the form of Vaitaran vasti combined with shaman therapy in the form of Sinhanada guggulu when administered together in patients of RA (Amavata) produces highly significant improvement in the symptoms of the patients and produce long lasting beneficial effects in the body in comparison to administration of Vaitaran vasti or Sinhanada guggulu alone. This fact is supported by the observations obtained in haematological and other laboratory investigations. Vasti is a purificatory mechanism in which vitiated doshas, malas and toxins are expelled out from the rectal canal and thus complete cleansing effect is produced in the body which helps in providing long lasting beneficial effects in the patients of RA (Amavata).

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1	[ArtID]	
2	[FolNo]	18 B
3	[SlNo]	6
4	[ArtTitle]	***STUDY OF HINGULA AND ITS EFFECT ON AMAVATA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.V.V.Reddy
7	[NmeGuide]	Dr.S.M.Angadi
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[Any another]	
18	[Abst]	Both the samples purified by using ardhraka swasasa and nimbuka swarasa have shown very less effect in relieving sandhi shotha, sandhi shoola etc. Hingula, when used alone has not shown any benefits. However, it may be efficacious when used along with other drugs according to the prescription of various classical texts. No side effects have been found in the patients treated with both the samples

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	44
4	[ArtTitle]	***CLINICAL STUDY OF THE EFFECT OF LASHUNA (ALLIUM SATIVUM) ON AMAVATA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.S.Latha Kumari
7	[NmeGuide]	Dr.D.S.Lucas
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The study was conducted with two different preparations of lashuna i.e. lashuna ksheerapaka & lashuna swarasa. Patients were grouped into G1, G2, G3 comparison of pain between G1 &G2 with that of G3 showed no significant reduction of pain at 3rd week, but on the 6th week it was reduced similarly the morning stiffness. The percentage reduction of E.S.R. in G1 was 85.23 in G2. 88.22 & in G3 it was 6.4 The drugs received by G1 was lashuna ksheerapaka & G2 was lashuna swarasa & G2 was lashuna swarasa & G3 was sugar of milk as a placebo.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	3B
4	[ArtTitle]	***AMAVATA AND ITS TREATMENT WITH AMRITYADI ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Mukta.K.
7	[NmeGuide]	Dr.Y.Jagannath Rao
8	[NmeCoGuide]	Dr. V.G. Gopinath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Banglore
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Amavata doesnot find its place among avishkritatama diseases. Efforts are being made to bring the disease under control to the physician. The measures and methods explained in text are extremely massive. The present study was intended to know the efficacy of Amrityadi yoga. All the available Ayurvedic Literature about Amvata has been compiled and have been systematically arranged and presented. The patients selected for the study were 25. Guduchi, Shunti and Guggulu are taken in equal quantity prepared fresh sneha every day and given orally with dose 2 0z twice daily. Shodhana therapy becomes necessary after amapachana. So eranda taila was given early morning with hot water. In some cases extraordinary measures like valuka sweda and shamanaoushadis are administered.

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The results observed are as follows:- 68% of the patients were cured by the use of only this yoga, 12 % were improved, 8% were improved by the use other medicines along with this yoga.

With other measures 12% of the cases were not improved. The average time taken to cure is about 1-1˚months. Conclusion was the effect of Amrityadi yoga in Amavata is quite encouraging.

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1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	41
4	[ArtTitle]	***CONCEPT OF AMAVATA "(RHEUMATOID ARTHRITIS) WITH REFERENCE TO ITS TREATMENT WITH ERANDA MULADI KWATHA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Bivash Chandra Rath
7	[NmeGuide]	Prof. M.D. Varma
8	[NmeCoGuide]	Dr. P.N. Pandey
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	On the basis of resemblance of the aetio-pathology and clinical picture, the disease Amavata has been identified as Rheumatoid Arthritis which is not an uncommon disease in our country and we have similar problems for controlling the same. A chronological review of the Ayurvedic literature has been done to trace the history of Amavata having nearest resemblance with rheumatoid arthritis. It has been observed that the description of Amavata, as a disease entity lacks in the classical period. It appears that the description of Vatarakta included this disease also in the classical period. It has also a support from the history of Rheumatism in modern medicine. According to this system it is proposed that there is gastrointestinal hypo functioning which leads to mal digestion and malabsorption. Some products of mal digestion are also

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absorbed through the intestine which is capable to induce vascular changes and inflammatory pathology, probably by stimulating the immunological mechanism.

As regards its therapeutics, there are various potent preparations in modern medicines capable of suppressing the disease activity but none of is able to impart a permanent cure. These are also not suitable for all patients in view of their clinical condition and toxicity of the medicament. There have been observed many short term and long term side reactions with these preparations limiting their use. This may cause more harm than good if not used judiciously.

A good number of Indian populations suffering from Rheumatoid Arthritis find amelioration with indigenous drugs. Amongst them, a few drugs have been selected (Eranda mula, Shunthi, Rasona, Nirgundi leaves, Shatapushpa) and given in the form decoction for the trial. These drugs have been found to correct the gastrointestinal functions and impart anti-inflammatory effect over the inflamed joints probably by normalizing the autoimmune reaction.

According to Ayurvedic Pharmacology the drugs possess mainly Ama pachana. Deepana and Sarana (Cathertic) properties. All these drugs lead to correction of the hypo functioning of digestion at the level of the G.I. system. This perhaps leads to ameliorate the toxic, untoward action of Ama or the antigen, antibody, tissue reaction mainly in the joints along with normalization of the generalized ill effects of this reaction.

In this clinical trial 34 patients of Amavata (Rheumatoid arthritis) have been treated with this decoction which has been found to control the activity of disease and give significant functional improvement in the early and moderate cases. No untoward side effects have been noted. The work may be concluded that Erandamuladi Kwatha of this trial is effective in early and moderate cases of Amavata which on the basis of its aetiopathogenesis and clinical picture may be identified as Rheumatoid arthritis of modern medicine.

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1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	11
4	[ArtTitle]	***A STUDY ON JWARA OF AMAVATA ORIGIN AND ITS MANAGEMENT WITH MRITYUNJAYA RASA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Dillip Kumar Pati
7	[NmeGuide]	Dr. N. Panda
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1999
13	[EnNo]	4/96
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present token of work embodies a clinical work entitled a study on Jwara of Amavata origin and its management with Mrityunjaya rasa. The description of the disease found no place in the text books of Brihatrayee while it availed the status of disease by Madhavakara, the notable patho-clinician. It exists among the human population as a recognisable variety since one thousand years back. The disease is prevalent among 3% of adult population with a higher proneness among the ladies. It is defined by a group of clinical features like fever, pain, inflammation of joints with certain amount of disability along with high E.S.R. and radiological changes. A positive R.A. factor and A.R.A joint count confirms the diagnosis.

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The features of Amavata as described by Madhavakara can be simulated with Rheumatoid arthritis in modern concept.

20 cases of either sex, resistant to various drugs were exposed to trial. All cases had a disease chronicity of above one year and belonging to different age groups.

10 cases were tried with the research drug for a period of 7 days and rest 10 cases with control drug.

The trail drug advocated in this study is Mrityunjaya rasa.

The observations were clinically assessed and statistically adjudicated. The results are assessed as maximum improvement 50%, moderate improvement 30% and mild improvement 20 % noted with the trial drug.

The trial drug is clinically established as effective on the basis of its promising benefits. It un-doubtly a corrective of Agni and ameliorate "Ama" (endotoxin) at various tissue levels and particularly the tissue of Rasa.

Befitting to the selection criteria no. of human samples were only 30 which is meager comparing to higher expectation. The stipulated criteria have leaded us to reject many cases for their unsuitability and unwillingness. However the cases exposes to study were carefully observed for toxicity and adverse effects, etc, which all have overcome in the course of trial.

Keeping in view of the results, further work is solemnly suggested to witness the effect over other Dhatus availing suitable parameters.

The endeavor is supposed to be very small but it may reflect a beam of ray for those engaged in the field of research with indigenous drugs.

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1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	81
4	[ArtTitle]	***CLINICAL STUDY ON AMAVATA (RHEUMATOID ARTHRITIS) AND ITS MANAGEMENT WITH RASNA DASHAMULA KWATHA***
5	[ArtEqEng]	
6	[NmeScholar]	Pradwumna Kumar Badapanda
7	[NmeGuide]	N.Panda
8	[NmeCoGuide]	R.K.Mishra
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1996
13	[EnNo]	15435/95
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	

Rasna Dashamula Kwatha, a shastriya drug from Chakradutta has been considered for the clinical trial on Amavata. 20 patients have been selected randomly following the criteria of selection of cases and were divided into two groups, Viz.,- Trial group 10 patients treated with Rasna Dashmula Kwatha in the dose of 50ml for 30 days. Another 10 patients treated with control drug Diclofenac sodium. The trial drug "Rasna Dashamula Kwath" contains, Bruhat panchamula, Laghu panchamula, Sunthi, Eranda, Guduchi, Rasna and Devadaru.

The following observations are made in this study.

1. Middle age group patients are more prone to this disease.
2. Rural people were more sufferer than urban and coastal region.

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3. Those who are taking more fatty meal are sufferer to this disease.
4. Persons with sedentary work were more sufferer than others like, cultivators and labourers
5. Almost all the patients were having the cardinal symptoms like morning stiffness, swelling of joints, joint pain and constipation.
6. Most of the patients were having soft tissue swelling.
7. Most of the patients were affected by knee, feet and ankle and few of the patients affected by elbow, wrist.
8. In trial group percentage of improvement in the cardinal symptoms joint pain and swelling was below 40%, whereas in tenderness and stiffness it was above 65%.
9. In control group the percentage of improvement was above 65% in almost all the cardinal signs and symptoms.
12. The percentage of decrease of E.S.R., after treatment in trial group was 64% and in control group it was above 81%.
10. The percentage of decrease of R.A. factor after treatment in trial group was 68 & and in control group it was 71%.
11. In trial group we could not found any side effect during research study. In control group we found side effects like nausea, vomiting, loss of appetite, etc.
12. The clinical assessment shows that in trial group out of 10 patients, 9 (90%) got minor remission and 1 (10%) got complete remission. In control group 80% got maximum remission, 20% got minor remission.
13. The statistical assessment showed that trial drug was effective to reduce joint pain, stiffness, tenderness and swelling of joints.
14. Control drug is also significantly effective to reduce joint pain, stiffness, tenderness and swelling of joints.

From this research study it may be concluded that the trial drug is significantly effective to reduce joint pain, tenderness,

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stiffness swelling of joints and body ache. For chronic cases this treatment may be given in comparison to control treatment.

Above research study was conducted only 20 patients and found some remarkable results. Further research study on more number of patients may be done for its common use.

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1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	103
4	[ArtTitle]	***THERAPEUTIC ASSESSMENT OF RASONADI KWATHA-GHANAVATI ON AMAVATA (RHEUMATOID ARTHRITIS)***
5	[ArtEqEng]	
6	[NmeScholar]	Bipin Bihari Kanungo
7	[NmeGuide]	R.K.Mishra
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1987
13	[EnNo]	6934/71
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The disease "Amavata" described in Indian System of Medicine has been identified as Rheumatoid arthritis of modern medicine as both the diseases have nearest resemblance in aetiopathogenesis and clinical picture. Amavata (Rheumatoid Arthritis) is not uncommon in our country and has become a problem in the clinical practice. The disease "Amavata" is well known in ancient medicine and is first described by `Madhava` in mediaval period but its description as a disease entity lacks in the classical period. According to the disease it is proposed that there is gastro intestinal tract hypo functioning, which leads to improper digestion and mal-absorption. Some products of improper digestion is absorbed by the process of absorption through

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intestine and which is capable of induce vascular changes and inflammatory pathology probably by stimulating the immunological mechanism. On the other hand, the aetio-pathogenesis of rheumatoid arthritis described in modern medicine is not certain. Many hypotheses have been advanced based on experimental and clinical findings. Among these hypotheses, enteropathy is also included which advocates the intestinal changes to be of primary nature. This hypothesis finds support from Indian system of medicine.

The therapies as available today in modern medicine for the disease are meant only for suppression of signs and symptoms but can not do radical cure. Again these are not applicable in all groups of patients due to their toxicity and their prolonged and injurious application, the short term and long term side effects have been reported in average number of patients.

It has been observed that the therapy used in the disease "Amavata" are employed successfully in the moderately advanced Rheumatoid arthritis now a days and found effective clinically as well as pathologically. These drugs are supposed to have anti-inflammatory action and simultaneously to have capacity to stimulate the gastro-intestinal function.

In this context, a condensed from of "Rasonadi kwatha" consisting of Rasona, Shunthi, Nirgundi, three house-hold remedies have been selected. The selected drugs, according to the Ayurvedic pharmacology, have the qualities of Agnideepaka, Ama pachhaka, Vedanastapaka and Saraka and by many experimental works it has been proved that the prolonged use of these individual drugs of this combination can suppress the initial phase of the disease.

Keeping this view in front, clinical studies have been carried out in 20 cases of Rheumatoid arthritis. The characters including the influence of genetics, age, sex, diet, habits and socioeconomic status of the disease has been studied. In addition to subjective symptoms, objective signs along with pathological findings such as E.S.R., Hemoglobin values of the patients were noted before and after the treatment with this drug. The functional capacity such as walking time, dressing time, writing time, pressing power and grip power

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of the patient have also been measured before and after the treatment. The treatment with this therapy has been found effective by observing improvement in subjective symptoms, objective signs, pathological findings and functional impairment, but exerted no improvement in the irreversible changes.

Along with the improvement in articular features and pathological findings, a marked improvement was observed in constitutional features like generalized body ache, weight loss, diminished appetite, constipation, abdominal discomfort, etc. All these drugs of "Ghana vati" have been found to correct the gastro-intestinal function by regulating the hypo function of the digestion at the level of Gastro-intestinal tract and perhaps lead to ameliorate the toxic effect of Ama or antigen-antibody reaction at the level of joint cavity along with normalization of the ill effects of this autoimmune reaction.

Thus, it may be concluded that these drugs of "Kwathaghanabati" are capable to control the activity of disease by prolonging the remission periods as well as improving the functional improvements without giving any hazardous side effects.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	39
4	[ArtTitle]	***CLINICAL AND EXPERIMENTAL STUDIES ON SHIGRU COMPOUND WITH SPECIAL REFERENCE TO THE TREATMENT OF RHEUMATOID ARTHRITIS***
5	[ArtEqEng]	
6	[NmeScholar]	Chauhan, Narendra Singh
7	[NmeGuide]	K.P. Shukla
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The ingredients of the trial drug Shigru compound are:-

Shirgu (Moringa pterygosperma), 2. Kupeelu (Strychnos Nuxvomica), 3. Guggulu (Commiphera mukul), 4. Shallaki Guggulu (Boswellie serrata).

Pain threshold of albino rats was decreased thus the administration of Shigru compound a decotion showed analgesic. The effect of drug was less delayed and was for the shorter duration when compared with salicylate.

For clinical studies twenty five patients of rheumatoid arthritis were selected. The patients of present series were divided into two groups. For clinical trial, Shigru compound and

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cortisone were used in 15 and 10 cases respectively. The total result showed the complete remission in 20% patients. The group wise data showed complete remission in the complete remission in 20% patients. The group wise data showed complete remission in 33.32% in Shigru compound treated group and 30% in cortisone group. The major improvement was observed in 50% patients. Group wise result showed, 53.28% in Shigru compound and 50% in cortisone treated group. The minor improvement was observed in 20% of cases. Group wise result showed 26.64% in Shigru compound and 20% in cortisone group. No improvement was observed in 4% cases in Shigru compound treated group.

The Shigru compound was given for a period of 8 weeks in the dose of 3 gm per day in three divided doses. In the above therapeutic dose none of the patient reported any side or toxic effect during the course of the treatment and follow up study of 6 months.

Shigru compound treated patients showed no release while release of pain and swelling was observed in cortisone group, when the treatment was discontinued.

Thus, Shigru compound was found to be an effective formulation for the management of patients of Rheumatoid arthiritis.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	28B
4	[ArtTitle]	***EFFECT OF VALUKA SWEDA (ROOKSHA SWEDA) IN AMAVATA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. L. Raghunath
7	[NmeGuide]	Dr. K. Krishnamurthy
8	[NmeCoGuide]	Dr. Aruna
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Amavata disease forms a major problem for practicing physicians in the modern era due to its phasic course, frequent excerbations and causing significant amount of morbidity. Hence there is a need to judiciously combine the various therapeutic and rehabitative measures to give as effective treatment in a short time. Considering the above factors the study has been intended. 30 cases between the age group of 1- 60 were taken into 3 groups. In the first group only Valuka sweda was done. In the second group Valuka sweda along with Yogaraja Guggulu (1gram b.d) and in third group any internal medicine Yogaraja Guggulu was given. In all the three groups treatment was given for 14 days. Laboratory investigations like HB%, ESR, V.D.R.L and blood

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uric acid were done. In some X-ray screening was done.

Improvement was assessed on the basis of absence of pratyatma lakshanas.

Among 10 cases in group –I only 1 patients got cured, 3 patients got improved and remaining 6 patients did not get any improvement.

Among 10 cases in Group – II 4 patients got cured, 3 patients got improved and 3 patients did not show any improvement.

Among 10 cases in Group-III, 3 patients got cured 3 patients got improved and 4 patients did not show any improvement.

In some cases E.S.R. come to normal after the treatment.

It can be conducted that Valuka sweda alone helps in reducing the local symptoms in Amavata temporarily, where as Yogaraja Guggulu alone given internally without doing Valuka sweda in Amavata cases was found to be beneficial. But when Valuka sweda along with Yogaraja Guggulu was found to be much beneficial comparatively.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	22
4	[ArtTitle]	***EVALUATION OF SHUDDHA KUPEELU IN MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5	[ArtEqEng]	
6	[NmeScholar]	Tripathi, Shiv Kumar
7	[NmeGuide]	K.P. Shukla
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Although concept of Ama was fully developed in samhita period of ayurveda but the clinical syndromes of Amavata was not established. The credit goes to Madhava (900 A.D.) Who differentiated this clinical entity with other joint disorders. Present study includes experimental as well as a clinical trial of Shuddha Kupeelu for the evaluation of its anti inflammatory and analgesic effect. Rheumatoid arthritis: In experimental study the albino rats were taken and divided into three groups (1) control group (2) cortisone treated group and (3) Shuddha Kupeelu treated group.

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The control group was not given any drug and in cortisone group, prednesolone in dose of 0.5.mg/100gms of body weight was used in the form of water suspension. It was given orally. The Shuddha Kupeelu was also used in the form of water suspension and was given in the dose of 15 mg/100mg of body weight.

In Shuddha Kupeelu group the result was not significant in 24 hours. After the use of shuddha Kupeelu for 11 days, highly significant difference was observed in comparison to control and cortisone treated groups. It suggested that drug Shuddha Kupeelu was effective in controlling the inflammation on long term use. The analgesic property of Shuddha Kupeelu was also evaluated. It was compared with salicylates. It showed that both drugs and similar analgesic properties.

The drug was given in dose of one capsule containing 200 mg twice in 24 hrs after meals for clinical trial. For the assessment of result, relief in signs and symptoms, improvement in functional capacity of involved joints and progress in laboratory and radiological findings were considered.

According to group wise results, Shuddha Kupeelu treated group showed complete remission in 20% major improvement in 20% and minor improvement in 40% cases. The cortisone group showed complete remission in 40%, major improvement in 40% and minor improvement in 10% patients. No improvement was observed in 20% patients of Shuddha Kupeelu group and 10% in cortisone treated group.

Although cortisone group treated patients showed better results than Shuddha Kupeelu group but relapse of symptoms were observed when the cortisone was discontinued. In Shuddha Kupeelu group relapses were not reported in the follow up study.

The toxic effects of the drug shuddha kupeelu were not observed in the therapeutic doses, even after more than four months of use.

It was concluded that Shuddha Kupeelu may be used as a single drug for the management of the patients of Amavata.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	26
4	[ArtTitle]	***MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS) WITH AN INDIGENOUS COMPOUND DRUG***
5	[ArtEqEng]	
6	[NmeScholar]	Singh, Shishupal
7	[NmeGuide]	K.P. Shukla
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The cardinal features of Rheumatoid artiritis pain, swelling of the joints, stiffness, fever, loss of weight and anaemia are also present in Amavata. So, the Amavata can be compared with rheumatoid arthritis. The efficacy of present drug, Rasnadi guggulu compound, having six ingredients was compared with cortisone in the clinical study. Ingredients: 2- Rasna (Alpinia galangal and pluchea lanceolata), Shuddu kupeelu (Strychnos nuxvomica), Bhallatake (Semicarpus anacardium Vatsanabha (Aconitum ferox Wall). Guggulu (Comniphora mukul). The experimental study showed that Rasnadi guggulu

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compound has analgesic property similar to salicylates. The clinical study was conducted in 25 patients of which 15 patients had been given Rasnadi guggulu compound and in other 10 patients the cortisone as used as improvement in 6.66% patients were observed. In cortisone treatment group complete remission in 40% cases, major improvement in 30% patients, minor improvement in 20% patients and no improvement in 10% cases were observed.

The Rasnadi guggulu compound showed its efficacy comparatively later than cortisone. But in cortisone relapse was common which was not seen in Rasnadi guggulu group. No side effect of drug was seen. Therefore guggulu compound was evaluated as a best alternative for cortisone in treating Rheumatoid arthritis.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	51B
4	[ArtTitle]	***MANAGEMENT OF AMAVATA WITH SPECIAL REFERENCE TO SIMHANADA GUGGULU***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K. Lakshmikantham
7	[NmeGuide]	Dr. Lakshminarasimha Shastry
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The disease Amavata poses a major medical problem in the present society. The disease is more crippling in its advanced stage. More than the disability, annoying pain is worse to manage. The arthritic disorder is managed with only the palliative measures, though cure is a remote possibility. It is at this juncture the world expects to find a solution in Ayurveda. 30 patients were selected and were grouped into two group A and Group B In Group A Simhanda Guggulu was given. In Group B Simhanada Guggulu was given after Shodhana karma. In Group A – After Deepana & Pachana by Trikatu Churna. Simhanada Guggulu 1° gm. For 21 days given with hot water, twice daily before meals.

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In Group –B After Deepana & Pachana by Trikatu Churna, Snehapana was done by Pancha Tiktaguggulu Gritha, Virechana by Trivit Lehya, Yoga Basti is given. Anuvasana by Panchatikta Guggulu Ghritha & NIROOHA by Madhutailika after Yoga Basti ie from 9th day Simhanada Guggulu was given for 21 says with hot water. In 30 cases – 12 cases were relieved, 8 cases were markedly improved, 6 cases got improvement and in remaining 4 cases there was not improvement. The statistical figure does not indicate vast difference between 2 groups. Even after Shodhana neither beneficial for the adverse effect could be found. The effective control of Amavata depends on the drug & diet. In the present study only 40% could get the benefit.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	28
4	[ArtTitle]	***ROLE OF CERTAIN AYURVEDIC DRUGS AND PANCHKARMA (SWEDANA) IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS (AMAVATA)***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Pawan Kumar
7	[NmeGuide]	Diwakar Ojha
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Thesis gives detailed description of Ayurvedic and modern literatures in the beginning. Different types of swedana with better understanding are charted out. In the drug review section. Rasna (Pluchea lanceolata) 'Eranda' (Ricinus communis) and Nirgundi. (Vitex negundo) are described. Experimental mode was made and anti inflammatory properties of 'Rasna' and 'Erand moola twaka' was tested. Measurement of paw volume was done in albinorats. Cortisone was taken as control. Results shows. Erand moola in low doses has no anti inflammatory property. The action of 'Rasna' is also anti inflammatory but with low potency. Both these drugs also have analgesic activity similar to salicylate.

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In clinical trial 'Rasna' and 'Erand mool twaka' with swedana was given to the Amavata patients. 12 patients in 'Rasna group' to patients in 'Erand group', 10 patients in 'Rasna' and 'Nirgundi' sweda, 11 patients in 'Erand powder' and Nirgundi sweda and 5 patients in control group received prednisolone.

Walking time, grip power of hands and hematological examinations were done before and after therapy. After treatment for 3 months, complete cure was seen in 25% cases of group A treated with 'Rasna' powder, 40% in group B treated with 'Erand' powder, 30% in group C treated with 'Rasna' and 'Nirgundi sweda" and 45.45% in group D treated with 'Erand moola twaka powder and Nirgundi sweda with 60% improvement in group E, treated with cortisone.

No side effect of Ayurvedic drugs was reported, besides some improvement was found and in every group. So, Panchkarma by Ruksha sweda and Nirgundi sweda may be beneficial in rheumatoid arthritis patients.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	45
4	[ArtTitle]	***ROLE OF HERBAL COMPOUND IN CASES OF AMA-VATA WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS***
5	[ArtEqEng]	
6	[NmeScholar]	Rajesh Kumar Misra
7	[NmeGuide]	Prof. Z. Ansari
8	[NmeCoGuide]	Dr. Shail Bala
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College & Hospital, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1994
13	[EnNo]	L/84/AY-12
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Ama-Vata is a disease that is concerned with presence of Ama and vitiation of Vayu-Dosh as major factors involved. The subnormal functioning of Jatharagni leads to the condition known as Agni-Mandhya or Mandagni. Various etiological factors Ahara and Viharas exhibited in Ayurvedic texts are responsible for the vitiation of Kapha-Dosh and affecting the normal digestive process leading to appearance of Ama Dosh. During the process of circulation through the body, if it becomes stagnant particularly at the site of Kapha-Sthan, it vitiates the Vayu and ultimately gives rise to a clinical picture known as Ama-Vata. Madhawakar was the learned scholar who described this disease in detail for the first time. The authors of the later period followed the Madhava and added more or less,

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particularly to the treatment part of this disease.

A similar disease described in modern literature is known as Rheumatoid Arthritis. It is a systemic disease of unknown etiology in which inflammation of synovial tissue is the dominant clinical manifestation. Regarding the prognosis of the disease exacerbation and remission are common features. It is the disease which makes the man crippled or disabled for the family and society.

While making an attempt, we correlate Rheumatoid arthritis with Ama-Vata and found similarity present in pathogenesis and symptomatology in these diseases. Many research scholars of Ayurveda have accepted their remarkable resemblance between diseases.

On the basis of critical study of Dosha, Dushya, Agni-Vyapar Kriya of Jatharagni and certain other associated features of the disease; we tried to formulate an Ayurvedic preparation-Herbal Compound a trial drug for the treatment of Ama-Vata in this study. The constituents were Shunthi, Nagarmotha, Vatsnabh and Surinjan. All the four ingredients are Herbal.

On the basis of conclusive assessment -34 cases were treated under Ist group, 33 cases each under II and IIIrd group. After following period of two months the final cure rate was 41.2%, 51.5% and 9% respectively in three groups. In this drug trial the comparative study revealed that the cases treated under IInd group showed a high probability of improvement in comparison to Ist group and the IIIrd group cases responded least. Statistical observations revealed that group IInd was superior and significant in comparison to IIIrd group and group Ist was significant in comparison to IIIrd group, but no significant difference was observed between Ist group and IInd group.

This therapeutic response of drugs analysed under three groups revealed that the higher cure rate was observed in IInd mix group treated cases. It is probably due to their synergetic effect on different pathological levels of the disease.

The result of the trial drug herbal compound was found encouraging without any side reactions.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	84B
4	[ArtTitle]	***ROLE OF VAITARANA BASTHI IN THE MANAGEMENT OF AMAVATA WITH SPECIAL REFERENCE TO RHEUMATOD ARTHRITIS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Ravish Prabhu. P.
7	[NmeGuide]	Dr. N. Anjaneya Murthy
8	[NmeCoGuide]	Dr. Sudharani. S.
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	20 patients were incidentally selected, between the age group of 16 to 60 years with the primary diagnosis of RA & were sampled into two groups. The control group received virechana with eranda taila along with pnchakola churna, capsule amavatari and valuka sweda whereas the test group received a course of vaitarana basthi along with the above treatment for 30 days duration for both the groups. A significant response was obtained in both groups with the percentage reduction in the symptoms and also responses in investigations. The percentage reduction in the symptoms were pain 67% stiffness 87.5% swelling 60% reduces 100 % warmth 98% tenderness 75% in the vaitarana basthi group against pain – 45% stiffness 54% swelling 35.5% reduces not

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responded warmth 77.5% tenderness 52% in the control group the general functional capacity was increased up to 54.5% in the vaitarana basthi against 30% in the control group. Reduction in the ESR level was also significant with P-0.025 where as reduction in the swelling warmth alasya between the two groups were statistically significant with P-0.1 P-0.-25, I P-0.05 respectively. Increase in the HB% between the two groups was also significant with P-0-25.

These results show that vaitarana basthi has a significant role in the management of Amavata.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	35
4	[ArtTitle]	***CLINICAL STUDY ON THE EFFECT OF VITIS PEDATA IN FRACTURES***
5	[ArtEqEng]	
6	[NmeScholar]	G. Rajukutty
7	[NmeGuide]	Dr. L. sarada Amma
8	[NmeCoGuide]	Dr. P.K. Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Vitis pedata (Neeruthi) is an herb usually used by the Marma physicians of Kerala for the treatment of fractures, traumatic affections and other types of swellings. Aim of study is to find out the anti inflammatory effect of Vitis pedata in fractures. Both experimental and clinical studies were conducted. Albino rats were used for the study. In control group pure coconut oil was used externally and in the treated Neeruti keram (coconut oil prepared with Neeruti) was used externally and internally. In the treated group the inflammation has completely subsided and the paw volume become normal. This study reveals that the drug is most effective when it is used both internally and externally. The patients of the treated group were treated with external and internal administration of Neeruti keram and the control group was treated with Mustadi

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and Dhanwantaram kvatham internally and plastered the limb. The treated groups were discharged with complete healing within a period of 16-45 days and the control group within a period of 26-55 days. This work shows that Vitis pedata is very effective in the process of fracture healing.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1386
4	[ArtTitle]	***STUDIES ON FRACTURE HEALING UNDER THE INFLUENCE OF INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	G.C. Prasad
7	[NmeGuide]	K.N. Upadhyay, P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	For fracture healing different substances of animal or plant origin have been described in Ayurvedic texts. Hence some of these drugs are screened to see their action on fracture. Four drugs were taken for study (i) Cissus quadrangularis (ii) Uraria picta, (iii) Carallium rubrum and (iv) Acacia Arabica. The alcoholic extract in injuctable form was used in definite dose except Carallium rubrum which administered orally to experimental animals with milk. The qualitative differences were studied on the fracture of 120 growing albino rats in five groups by histology and histochemistry. In clinical study, 60 fracture cases were given local application of Cissus quadrangularis and compared with the application of phycogenic steroid twice a week. Out of four drugs the total extract of Cissus quadrangularis showed better beneficial results than other drugs. However it needs a detailed phytochemical analysis of such drugs.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	58
4	[ArtTitle]	***FRACTURE HEALING UNDER VARIOUS INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Mishra, Devendra Kumar
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1970
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In the present study a critical review has been made of the Ayurvedic and modern literature dealing with the bone. Four drugs were selected for the trial in fracture healing described in ancient literature there are Prishnipani, Laksha, Praval and Babula. The experimental study was divided into two groups of treated and control. Study was carried out upto 5 weeks. Every week few rats were sacrificed to study the effect of the drugs on fracture healing using biochemical. Histochemically, histologically, biomechanically and autoradiographically parameter. Prshniparni, Laksha and Praval were found very effective in fracture healing by reducing the duration of repair. Prishniparni and Praval proved effective in the mineral phase of healing whereas Laksha produced more raw materials for

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further improvement. Babul proved to be hepto-tonic in experimental animals. It does not have any influence in process of healing of fracture.

In clinical study, 15 out door patients were divided into group I (treated) of 10 patients and group II (control) of 5 patients. To treated group Prawal bhasma was given in the dose of 12 ratti per 60kg body wt. per day in 3 divided doses after proper reduction of fracture in control group no additional treatment was given.

It was observed, clinically, that Praval is effective in fracture cases and is capable of reducing the period of healing process from 20-30% in comparison to control.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	45
4	[ArtTitle]	***ROLE OF GANDHA TAILA IN THE MANAGEMENT OF BHANGA***
5	[ArtEqEng]	
6	[NmeScholar]	E.D Lalitha bai
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.K. Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Bhanga (fracture) is a common phenomenon. Practitioners of Ayurveda are experts in managing fracture cases successfully with light plastering. Certain internal medicaments also are in use for the fracture healing. Among them Gandha taila is one which deserves special attention. This study aims to evaluate the efficacy of the said property in a scientific manner. Among the various types of fractures Kandabhanga and Aswakarna type were selected for study. The selected patients were divided into two groups and kept as treated and control. The control groups were managed by applying plaster. Mustadi kvatha was given internally. The treated group patients were also plastered and Gandhataila was given internally.The clinical study revealed that the patients administered with Gandha taila exhibited a rapid healing tendency than the control. Pain, swelling etc. were also reduced within a short

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period. Younger patients had speedy healing rate. The general health of the patients in the treated group has improved liberally and thereby decreased the possibility of further infection. From the observation it is seen that Prakriti has got a major role in fracture healing. Further study is indicated.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	33
4	[ArtTitle]	***A STUDY ON GULPHA MARMA AND MANAGEMENT OF ITS ABHIGHATAS***
5	[ArtEqEng]	
6	[NmeScholar]	S.R.Jayaprasad
7	[NmeGuide]	Dr. L. Sarada Amma
8	[NmeCoGuide]	Dr. P.K. Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	This study is a detailed collection about Gulpha marma and its neighboring structures from Ayurvedic literature as well ass Modern and also the management of Gulpha marmabhighata. Gulpha marma is a Sandhi marma situated at the meeting place of leg and foot. "Jamghacharanaya sandhi gulpho". It is a sandhi marma and is considered as a Korasandhi. Gulpha marma being a sandhi marma is considered as Ankle joint. The muscles, bones, tendons, vessels and nerves in relation with the joint are also related to this Marma. In the case of Gulpha marmabhighata the main causative factor is foot slip. A foot slip which causes excessive inversion of the foot leads to the abnormal stretching of the muscles, muscle tendon and nerves. Deep peroneal nerve is the important nerve of this marma region. According to the

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severity of symptoms, the selected patients were grouped viz. first group, second group and third group of Gulpha marmabhighatha. Out of the patients, 40% were in the 1st group, 30% were in the 2nd group and 30 % were in the 3rd group. Acute Gulpha marmabhighatha cases were in the first group, Moderate Gulpha marmabhighatha cases were in the second group and chronic Gulpha marmabhighatha cases were under third group. The patients of the first group were given Mustadi and Dhanwantaram Kashayam with Yogaraja guggulu gulika and the affected part was bandaged after massaging with Murivenna. It is interesting to see that most of the cases of the 1st group were completely cured with in a period 4 to 7 days of treatment. In the 2nd group i.e. moderate cases were given cheriya Rasnadi kashayam with Yogaraja guggulu gulika internally and bandaged after massage with Murivenna. The patients of the 2nd group were discharged after 15 to 17 days of treatment. The patients of the 3rd group i.e. chronic Gulpha marmabhighatha cases were given Guggulu tiktaka kashayam and Yogaraja guggulu gulika internally and externally Murivenna applied and bandaged. Patients of the third group were discharged after 30 to 40 days of treatment. From this clinical study it is proved that massage is the first step for the management of all types of Gulpha marmabhighatha and the massage with Murivena gives relief. This is due to the anti inflammatory and analgesic action of Murivenna. From the clinical data, it is also noted that females in the teenage are the most victims of this type of disease due to their habit of wearing high healed foot wears.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	37
4	[ArtTitle]	***CLINICAL EVALUATION OF THE HEALING OF FRACTURES WITH INTERNAL AND EXTERNAL USE OF MURIVENNA***
5	[ArtEqEng]	
6	[NmeScholar]	G.S Raju
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.K.Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Treatment of Bhanga is widely practiced among the Marma physicians of Kerala. They have established a separate line of treatment in such cases. The drug "Murivenna " which is widely used by the Marma physicians has taken for trial, to evaluate the healing of fractures. For the purpose of clinical study Khanda bhanga type of fractures and Aswakarma type of fractures were selected. Patients of the treated group were given 'Murivenna' Kharapaka externally and Chikkana paka internally. The patients of the control group were given Mustadi and Dhanwanthara Kvatha for internal use and the involved parts were plastered. From the observation it is seen that in the treated group complete healing was noted with in a period of 11 to 40 days.

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The allied disorders of trauma like fever, dyspnoea, retention of urine etc. were also subsided in the treated group within 48 to 72 hrs. Pain and swelling was also reduced in the treated group within 4-15 days and the radiological evidence of healing was also seen much earlier than the control group. In the treated group, callus formation was seen with in 15-25 days. Serum calcium level was reduced after treatment. The anti inflammatory effect of the drug-' Murivenna' is also proved clinically and experimentally.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	182
4	[ArtTitle]	***INDIGENOUS DRUGS AS BONE MARROW STIMULANTS***
5	[ArtEqEng]	
6	[NmeScholar]	G.N. Tiwari
7	[NmeGuide]	C. Chaturvedi, K.N. Agrawal
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Majjadhatu can be equated with bone marrow on the basis of action and anatomical description in Ayurvedic and modern literature. Earliest sign in bone marrow depression is anaemia. Hypothetically the drugs beneficial in anaemia may also stimulate bone marrow. Bhringaraja and Krishna Sariva in the present study were put to experimental trial. Endoxan caused bone marrow depression showed reduction in weight and reticulocyte count, but reduction in PVC was more marked. The results of both the drugs were found similar however reduction in reticulocyte count in Bhringaraja group was more marked (significant). Further study with wider parameters is needed to assess the role of indigenous drugs as bone marrow stimulant.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	25
4	[ArtTitle]	***A STUDY ON KUKUNDARAMARMA AND ITS AFFECTIONS***
5	[ArtEqEng]	
6	[NmeScholar]	P.P Pathrose
7	[NmeGuide]	Dr. K. Sadasiva Sarma
8	[NmeCoGuide]	Dr. N.S.Narayanan Nair
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1975
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Kukundara marmabhighata is one of the commonest traumatic conditions met with in this area. The causes include fall from a considerable height, vehicle accidents etc. Complete loss of Motor and sensory activities is the net result of the injury. The aim of the study is to find out a suitable method of treatment in cases of Kukundaramarmabhigata. The patients selected for clinical study were grouped into three viz., I, II and III degree of Kukundaramarmabhigata depending upon the severity of pain, tenderness, motor and sensory activities, reflexes etc.The method adopted for the management was mainly on Vatavyadhi. Various investigations were carried out for proper assessment. Abhyanga, Patrapodalasweda, Kayaseka (Pizhichil), Vasti (Niruha and Anuvasana) and Shastika pinda sweda were carried out as described in

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Ayurvedic literature. It is observed that the Ist degree patients got very good response with Abhyanga, Patrapodalasweda and Matravasti while in the second and third group, Kayaseka, Vasti and Shastikapindasweda are also essential to get relief at a moderate level. It may be noted that improvement was gradual in all cases, especially in the third degree type.A complete restoration is not possible in the third degree type of patients, but they can live without depending on any others. If the process is repeated at sixth months intervals may give better and prolonged response.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	29
4	[ArtTitle]	***STUDY ON THE MANAGEMENT OF THE AFFECTIONS OF UROMARMAS***
5	[ArtEqEng]	
6	[NmeScholar]	P.SREEKANTAN NAIR
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.K.Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	The traditionally used Vasothamadi taila was put trial in the affections of the Uromarmas. The abhigata occurring in Uromarma especially in working class people and fisherman where the physical exertion is more may lead to complications like Urastoya, Rajayakshma etc. requires immediate attention. A clinical study was conduced to reveal the efficacy of Vasothamadi taila externally and internally to patients who were victims of Uromamabhighata. A control group was taken and was administered with Mustadi kvatha, Balarishta and Dasamoolarishta along with Dhanwantari Gulika, Sidhamakaradwaja and Kasturikalparasayana. Balatailam was applied locally. Busapindasweda and Valukasweda were also done. Treated group were discharged after complete cure within a period of 25 days, while in control group it took about 50 days. The results reveal that the drug has anti-inflammatory, antipyretic and analgesic property. Thus, the drug can be administered in any type of body temperament.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	49
4	[ArtTitle]	***ROLE OF CERTAIN INDIGENOUS DRUGS IN INFECTIONS OF BONE***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Braj Nandan
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1967
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Bone infection of any type is a serious disease and still remains a major problem. This study was undertaken to study and assess whether addition of indigenous drugs could improve the gloomy prospect of the disease. B.T. powder a combination of several drugs was taken for study. Seven series of experiments were done to produce osteomyelitis experimentally. Sixteen patients with bone infection were treated by B.T. powder with operative procedures as needed. The progress assessed by clinical and hematological investigations. After treatment all patients improved in general health and appetite with a weight gain, toxemia disappeared. All the cases with sinuses, healed without any additional medicament.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	133
4	[ArtTitle]	***ROLE OF HONEY AS PRESERVATIVE OF BONE GRAFT***
5	[ArtEqEng]	
6	[NmeScholar]	S.K. Grover
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The efficacy of honey as a preservative media of bone graft was studied because it is sterile, bactericidal and nutritive. Rabbit was taken as an experimental animal. Long bone shaft of the rabbit along with bone marrow was preserved in honey at three different temperatures i.e.37°C, 4°C for 12 weeks. Macroscopic and microscopic studies were carried out at 4th 8th and 12th weeks interval. Radiological and serological examinations were also performed. It was concluded that honey is an ideal antiseptic material for the preservation of bone tissues, irrespective of temperature.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	26
4	[ArtTitle]	***ROLE OF UTHAMAKANYA (DAEMIA EXTENSA) ON FRACTURE HEALING***
5	[ArtEqEng]	
6	[NmeScholar]	B. Jayachandran Nair
7	[NmeGuide]	L. Sarada Amma
8	[NmeCoGuide]	P.K.Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Uthamakanya is an herb used by the Marma physicians for abhighata vikaras. Aim of the study is to find out the effect of Uthamakanya in fracture healing. For this study patients with fractures of the long bones were selected, and they were divided into treated and control group. The patients of the treated group received internal and external administration of taila prepared with Utamakanya. The control groups were given Musthadi kvatha and Dhanwantara kvatha internally and the affected part was plastered according to ayurvedic method. The patients of the treated group were not plastered. The excruciating pain in the treated group was relieved within 2-3 days and in the control group the pain was persisting and the relief was gradual.In the treated group the swelling deceased rapidly and decrease of swelling was gradual in the

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control group. The general condition of the treated group was normal than the control group. In majority of the cases the quantity of serum calcium level decreased since calcium is needed in large amount at the site of healing of fracture. Radiological investgation was also done before and after treated group. This study reveals that the taila prepared with Uthamakanya is effective in fracture healing. It posses anti-inflammatory and analgesic action.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	19
4	[ArtTitle]	***VOLLEYBALL KHELADUTA MANIBANDHA SANDHICHE RUJAKARA MARMA DRUSHTYA VISHESHA ADHYAYAN***
5	[ArtEqEng]	Critical study of wrist joint of Volleyball players w.s.r. to Rujakara marma
6	[NmeScholar]	B.I.Goswami
7	[NmeGuide]	Gopal B Sharma
8	[NmeCoGuide]	
9	[Dept]	Sharira rachana
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1998
13	[EnNo]	GACN/93/95, F/7535
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sharira rachana
17	[AnyOther]	
18	[Abst]	Signs and symptoms of the marmaghata are explained in samhita but their causative factors are mentioned. But it becomes very important to study the causes on the prevention aspect. Manibandha (wrist joint) is one of the eight Rujakara marma. This joint plays important role in the game of Volleyball and may get many times injured while playing. It is found that the chronic continuous pain was due to the fracture or dislocation near to the naunibhasthi. Trauma to the manibandha marma can lead to stabdhahastata and manibandha kunthita. But this was not found in any players.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	41
4	[ArtTitle]	***A CRITICAL STUDY OF SANDHI VISLESHA AND ITS TREATMENT WITH SPECIAL REFERENCE TO MARMA.***
5	[ArtEqEng]	
6	[NmeScholar]	T. Ravirama Chandran Nair
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. N.S. Narayanan Nair
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Sandhivislehas are very common pathological conditions which can be seen in any Salya. O.P. Records show that these commonly occur in working class people and in athletes. Aim of this study is to asses the different types of Sandhivislehas and its management. Sandhivislehas can be classified into three groups viz., Traumatic sandhi vislesha, Pathological sandhivislesha and frequent Sandhi vislesha. The management of Sandhi visleshas varied according to the cause of visleshas. In the clinical trial, patients with traumatic Sandhi vislesha were managed with the usual treatments such as application of Murivenna to the affected parts for snigdhata followed by traction, rotation, pressing etc. Afterwards bandha was done for immobilization and Murivenna was again applied. The

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same procedure was continued again in 5 days interval. The cases with frequent dislocation, massaged with Murivenna for 7 days followed by Patrapotala sweda for 8 days. Afterwards manipulation of dislocation was done and bandaged. Rebandaging was done in every fifth day. Manipulation was confirmed by X-Ray examination. The age of the patient has important role in assessing the prognosis of Sandhi viselesha. In the early ages the union occurs within short duration. The trial reveals that the cases which had shorter duration will cure earlier than that of prolonged duration. Another phenomenon noted was that Sandhivislesha along with serve injury to the joints are very difficult to manage. In such condition the Sandhi can be corrected but dysfunction of the joint remains as such due to the damage of neighboring structures. The present study shows that in kapha pitta prakrii patient's sandhi sthirata was regained more rapidly compared to other prakritis. From the results obtained in the clinical trial, this can be concluded that the present method of treatment adopted by the Marma physicians is highly beneficial for the management of Sandhi visleshas.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	20
4	[ArtTitle]	***URDHVA SHAKHAGAT VAIKALYAKARA MARMA-EKA RACHANATMAKA ADHYAYANA***
5	[ArtEqEng]	Anatomical study of Vaikalyakara Marma (vital points) situated in upper limbs
6	[NmeScholar]	Bhaurao A Borkar
7	[NmeGuide]	Gopal B Sharma
8	[NmeCoGuide]	Sharira rachana
9	[Dept]	
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1997
13	[EnNo]	GACN/72/94, NU/E/8481
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Sharira rachana
17	[AnyOther]	
18	[Abst]	Till date the study of Marma (vital points) is limited to its surface marking only. To study the exact anatomical structure of the Vaikalyakara marma situated in upper limbs the cadaveric dissection was carried out so also the effects of trauma on these structures was observed in the live patients. It is found that the Kurcha marma is the first carpo-metacarpal ligament. Kurpara marma is the shoulder joint. Ani marma the snayu marma is tendon of biceps muscle. Bahavi marma is the sira marma and can be equated with Brachial artery. Lohitaksha is the siramarma and kaskshadhara dhamani i.e. axillary artery is considerd as lohitaksha marma. Kakshadgara marma is the snayu marma. The anatomical structure represents its situation in the neck region but signs of its affliction are seen in the upper limbs. Brachial plexus is equated with kakshadhara marma.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	30
4	[ArtTitle]	***CLINICAL STUDY ON THE EFFECT OF ODINA WOODIER IN FRACTURES***
5	[ArtEqEng]	
6	[NmeScholar]	S. Vidyaharan
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. P.K.Mohanlal
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	There are a number of single drug preparations for the bhangas and marmabhighatas which are commonly applied both internally and externally by the traditional marma physicians. The drug selected is Odina woodier, which is known as Jingini in Sanskrit and uthi or ooral in Malayalam. The bark of the tree is used for preparing oils in kharapaka for external use and chikkana paka for internal use. For evaluating the anti inflammatory effects of the drug Odina woodier experimental study was conducted by using Plethysmograph. The result was encouraging and it reveals that this drug has an anti inflammatory action. Clinical study was conducted to find out the effect of the drug in the healing of fractures. The fractures of the long bones were selected and the pattern of selection was of kanda bhanga and Aswakarna bhanga. Clinical study was done in patients and out of them 25% cases were in the

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category of Aswakarna bhanga and 75% cases in kanda bhanga. All these cases were showing the specific symptoms of fractures such as sparshasahishnutwam (tenderness), crepitus, etc. After complete investigations, the patients were devided into 2 groups viz; treated group and control group. The fracture of the patients in the treated and control group were reduced by closed manipulation. In this treated group, the drug prepared in Khara paka was given externally and Chikkana paka was given internally. Externally the drug was applied in thin layer of cotton wool and bandaged in the pattern of Anuvellitha bhandhana by using Bamboo splints. Then utsangi (sling) was used for immobilization. The patients belonging to the age group 11-30 were given internally 10 ml. of research drug (chikkana paka) thrice daily and the rest of the patients were given 15 ml of the research drug. Symptomatic relief was noticed in the treated group. It proves that the drug which is prepared with the bark of Odina woodier in both chikkana paka and kharapaka is very effective in the process of healing of fractures which was assessed on the basis of radiological evidence of proper calcification, relief of other symptoms such as pain, swelling etc. with a short duration of treatments and regaining of normal function when compared with the patients of the control group. By the experimental study also the anti inflammatory effect of the drug were proved. But from these findings, we cannot confirm that the drug prepared with Odina woodier is cent percent effective in healing of fractures. More detailed studies may be conducted with this drug in fracture healing so that it will help to find out a less expensive drug and it will be a great achievement for thousands of patients all over India.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	27
4	[ArtTitle]	***A CRITICAL STUDY ON THE MANAGEMENT OF URVI MARMABHIGHATA***
5	[ArtEqEng]	
6	[NmeScholar]	R.Chandrasekharan
7	[NmeGuide]	Dr. L. Sarada Amma
8	[NmeCoGuide]	Dr. N.S.Narayanan Nair
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	Due to one reason or other Marmabhighata cases are more common now a day. Aim of the study to find out an effective treatment of Urvimarmabhighata. For clinical study cases were selected as per the criteria fixed. Based on the severity of symptoms they were grouped into three viz. mild, moderate and severe. Out of these patients 50% belonged to mild group, 30% belonged to the moderate group and 20% to the severe group. All these patients were given massage with Murivenna. After that Patrapottala sweda was done for 7 days followed by Samisha shashtika pinda sweda for7 days. After this couse of treatment, patients were given various exercise.100% recovery of symptoms were seen in mild group and partial in the moderate group. In severe cases improvement was not significant. Results of the experimental studies also were

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encouraging. The above studies reveals that even though Urvimarmabhighata is a condition in which no effective remedy has been mentioned so far by the practitioners of Modern science, effective improvement can be achieved by Ayurvedic methods.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	47B
4	[ArtTitle]	***A STUDY OF SANDHIGATA VATA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. S. Thirumaleshwara Bhat
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	Dr. N.A. Murthy
9	[Dept]	Department of Kayachikitsa.
10	[Insti]	Government Ayurvedic Medical College, Mysore.
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The trial conducted was as follows: 30 patients were selected for the study and divided in to 2 groups each consisting of 15 patients. Group A: - Patients were treated with Prasarinyadi taila Abhyanga and Atasi bija Upanaha using kanji for 7 days. Group B: -Patients were treated with Matravasti by 75 ml. of Panchatikta guggulu ghrita for 7 days. RESULT: Group A:- out of 15 patients, 5 were cured completely (symptomatically). 5 patients showed marked improvement. 2 patients improved and 3 patients did not respond to the treatment.

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The response of the treatment is related to the duration and severity of the disease. In patients who are treated with intraarticular injections of corticosteroid, Abhyanga and Upanaha will not give any relief. Abhyanga and Upanaha along with Matravasti is advisable for better results.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	42B
4	[ArtTitle]	*APABAHUKA AND ITS MANAGEMENT*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Philomina .P.I
7	[NmeGuide]	Dr. B.G.Gopinath
8	[NmeCoGuide]	Dr. N.A. Murthy
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	45 patients were selected and were divided into 3 groups. Group A: Patients were given initially Nasya with Mahamasha taila 8 drops for 7 days, uttarabhaktika snehapana with Mahamasha taila 15ml. for 21 days, sneha sweda along with nasya which was continued for 28 days and later administered Vatagajankusha rasa with Manjishta kashaya as anupana 125 mg. 2 tabs with Pippali churna twice a day. Group B: Patients were treated with 2 courses of Nasya karma for a period of 7 days in duration of 7 days. Group C: Patients were administered Snehapana, Vatagajankusha rasa and Patrapinda sweda. RESULTS: Group – A Excellent in 80% - Improved in 20% Group - B All poor response

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Group – C Excellent 40% - Improvement 60%

In the study of Apabahuka, no radiological abnormality was observed. Of the total 45 cases treated, 18 cases had excellent recovery, 12 cases had improvement and the rest 15 cases had poor response.

Nasya alone was not much effective in the treatment of Apabahuka. Nasya, Uttarabhakthika snehapana, Patrapinda sweda and Vatagajankusha were found to be effective in the treatment of Apabahuka.

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1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	49
4	[ArtTitle]	***EFFECT OF NASYA ON APABAHUKA WITH SPECIAL REFERENCE TO DASAMOOLA TAILA***
5	[ArtEqEng]	
6	[NmeScholar]	Sushama Dei
7	[NmeGuide]	Dr. M.S. Bada Panda
8	[NmeCoGuide]	Dr. N.C. Dash
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1995
13	[EnNo]	11801/95
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The drug has been explored upon a joint pathology of shoulder, denoted as Ababahuka in Ayurvedic classics. This has been simulated with Perl arthritis or frozen shoulder of the joint mentioned in modern classics. There is adequate description including remedial source of the morbid state noted in various compendia in a proper manner. The incidence of the disease has been ascended in the present era. The male individuals in the age group of 40-45 years are more prone to the disease as revealed in the study. Etiopathologically, the disease has a Vatic association and Vata kaphaja by born. There is degeneration with a manifestation of pain, stiffness, tenderness, restricted movement including evidence of radiological error.

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20 Ababahuka cases of either sex were selected for the trial under two groups as group – 'A' and 'B'. The group 'A' cases were treated with Nasya alone, while 'B' group cases with Nasya and shoulder wheel exercise. Abhayanga was commonly employed to both the group patients as a preparative procedure of Nasya.

Assessment was made after due observation at an interval of 7,14 and 21 days. The drug was Dashamula Taila which is documented in Ayurveda sara samgraha.

A maximum number of 21 days trial has been carried out on group – 'A' and 'B' cases.

In view of response there is satisfactory effect elicited on both the group of patients having little elevation with Nasya and shoulder wheel exercise.

The improvements are noted below for adjudication.

In view of declaring a ṣtandard regimen for Ababahuka it can be concluded that Nasya with shoulder wheel exercise are both beneficial up to satisfaction.

Ababahuka, a crippled disease may afflict the human population out of various etiological factors. The disease is although not fatal but the working capacity of the individual is declined amounting to social, personal and financial difficulties. When there is no standard regimen in modern sciences there is definite description of the disease with treatment in Ayurvedic classics.

It can be concluded that Nasya (nasal administration of medicaments) along with shoulder wheel exercise has definite role in the management of Ababahuka.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	48B
4	[ArtTitle]	***ARDITA AND ITS MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K.N. Subramanian Nambodri
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	Dr. N.A. Murthy
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	30 patients were selected depending upon the symptomatology excluding Ardita with Pakshaghata. The patients were divided into two groups. Group A received Nasyakarma with Karpasasthyadi tail for duration of 21 days of two courses. Group –B received Nasya along with Ekangaveera rasa with Maharasnadi kashaya as anupana. The result in group A, 10 patients (66.61%) got cured, 3 patients (20%) were markedly improved and 2 patients (13.53%) improved. In group B, 10 patients were cured and 5 patients were markedly improved. By this study we can say that Nasya karma with shamanaushadi can cure the Ardita.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	25B
4	[ArtTitle]	***GRIDHRASI AND ITS MANAGEMENT (WITH SHUDDA GUGGULU)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. D.J. Gokararukar
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In this study 20 patients in between the age group of 25-55 years were randomly selected. Out of 20 cases, 9 suffered from Abhighata involving Prusta kati pradesha. 7 suffered from Abhighata or near the Kukundara marma and 3 from Bhanga. All the 20 cases were treated with Shuddha Guggulu administered with milk as anupana without any other shodhana measures. Guggulu was given in altered dosese of 2-3 grams. Twice or thrice daily depending upon the severity of the case and bala of the patients. The duration of the treatment was 1 month with suitable dietic restrictions. The results showed that only one case was cured completely. 13 cases showed considerable improvement. 4 cases showed slight improvement and 2 cases did not respond to the treatment at all.

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Only Shuddha Guggulu helps relieve the symptoms of pain and stiffness. Cases of Vataja Gridhrasi showed better results than that of Vatakaphaja Gridhrasi. Internal administration of Shuddha Guggulu along with snehana and swedana or lepa could really prove beneficial and cure the disease.

However the effect of Shuddha Guggulu on Gridhrasi has given encouraging results in this study.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	24
4	[ArtTitle]	***KATIGRAHAAVARA KATIBASTICHI UPAYOGITA***
5	[ArtEqEng]	Efficacy of Katibasti in Katigraha
6	[NmeScholar]	Miss. S.Y.Raut
7	[NmeGuide]	Vd. G.S.Lavekar
8	[NmeCoGuide]	
9	[Dept]	Dept. of Shalya
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1994
13	[EnNo]	U/7536
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	There is a brief description of Katigraha as sign and as a disease in the ancient texts as well as modern texts. Prevalence of Katigraha was found more in the post menopausal women and in the physical workers. All the patients of katigraha were having vitiation of Apana vayu. A clear and direct reference of katibasti as a treatment of katigraha is not available in texts. The patients were given katibasti using tila taila along with internal medicines. Patients who were given internal oleation along with katibasti found more beneficial. It can be inferred that this could be because the internal oleation has soothened the Apana vayu and nourished the parthiva components of asthi dhatu. This treatment was very well accepted by the patients as the illiterate patients could tolerate well. It can be concluded that katibasti treatment in katigraha disease is found very much easy, effective, economic and can be performed at home hence accepted well.

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1	[ArtID]	
2	[FolNo]	25
3	[SlNo]	4
4	[ArtTitle]	***CLINICAL EVALUATION OF THE ROLE OF ERANDA BIJA (SEEDS OF RICINUS COMMUNIS LINN) IN THE MANAGEMENT OF KATISHOOLA & GRIDHRASI***
5	[ArtEqEng]	
6	[NmeScholar]	Vd. Phadke Aashish
7	[NmeGuide]	Vd. Kunjbhihari Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Dravyaguna
10	[Insti]	K.G.M.P Ayurvedic College
11	[Univ]	University of Mumbai
12	[Year]	1994
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Dravyaguna
17	[AnyOther]	
18	[Abst]	Clinical study has been undertaken on 35 patients of Katishoola & Gridhrasi by giving test drug as Eranda bija Ksheera-paka. It was found that this preparation was found to be effective in Gridharsi, Katigata vata & Katigraha. ADR profile has been recorded & analysed, which indicated that Eranda bija Ksheerpaka can be considered largely as a safe drug. Animal Experiments have been carried out to re-establish the Analgesic & Anti-Inflammatory property of Eranda- bija Ksheerapaka, however it is found to be effective only as an Analgesic (non-narcotic Analgesic). It has been discussed about the necessity of working on the Phyto-chemical aspect, specifically regarding shodhana process of Eranda bija & also regarding the toxicity studies of the above said preparations.

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1	[ArtID]	
2	[FolNo]	24
3	[SlNo]	4
4	[ArtTitle]	*ASTHIGATA VATA EKA SHASTRIYA ADHYAYAN VA TYAVAR MAHAYOGARAJA GUGGULACHE MULYAMAPANA*
5	[ArtEqEng]	A Scientific study and clinical efficacy of Mahayogaraja guuggulu in Asthigata vata
6	[NmeScholar]	Vd. Jayabt Gulhane
7	[NmeGuide]	Vd.D.T.Bombarde
8	[NmeCoGuide]	
9	[Dept]	Kayachiktsa
10	[Insti]	Govt. Ayurved College, Nagpur
11	[Univ]	Nagpur university
12	[Year]	1998
13	[EnNo]	
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Kayachiktsa
17	[AnyOther]	
18	[Abst]	Signs of Asthimajjagata vata are bheda, toda (type of pain) and bala mansa kshaya (fatigue). The results of this study are – patients of Asthigata vata got 83 % relief. But the structural deformity in the joints can not be reduced by this medicine. In a dose of 500mg. three times a daily for two months continuously cures Athimajjagata vata. It can be concluded that Mahayogarja Guggulu is the choice of drug in Asthi majjagata vata.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	55B
4	[ArtTitle]	***MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO BASTI***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Shridhara
7	[NmeGuide]	Dr. Lakshminarasimha Shastry
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Gridhrasi is one of the common disorder affecting the movement of the lower limbs particularly in the most productive period of life. Bastikarma is said to be an important measure in management of gridhrasi. For the clinical trial 30 patients were selected based on the criteria like SLR test, reflexes, movement, typical gait and X-ray of lumbosacral spine they were assigned into two groups group A and Group B. 15 patients of group A were administered Yogabasti. Initially Virechana was given and Basti karma was started on the 7th day. Yogabasti consisted of 5 Anuvasana bastis with Ksheerabala taila and 3 Niruhabastis with Dashmula kashaya. 15 patients of group B were administered Katibasti with Ksheerabala taila for 30 minutes for 8 days.

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The criteria for assessment was improvement is the SLR test along with the symptoms. The observation was made once in every week for four weeks.

In group A, 20% of the patients were completely relieved, 46.6% were improved, 20% were slightly improved and 13.3% were not relieved. In group B 13.3% were relieved 40% were improved, 20% were slightly improved and 26.6% has no improvement.

Compared to group A, there was no added advantage in Group B. Both the groups when combining taken gives satisfactory result in more than 50% of the cases. And illness of short duration can be managed effectively compared to chronic illness. Hence it can be concluded that both the therapies are effective in the management of gridhrasi.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	70B
4	[ArtTitle]	***MEDICAL MANAGEMENT OF CERVICAL SPONDYLOSIS.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Vijayalaxmi K.
7	[NmeGuide]	Dr. V.K. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1995
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Patients between the age group of 20-80 years of both sexes are selected, and divided into two groups of 15 each. The group I patients were given Trikatu choorna – 3 gms tid with hot water till nirama lakshanas were found. Brimhana Nasya with Maha masha taila – 10 drops for 7 days. Three courses of Nasya karma followed by "Tab Sallaki plus" for one month, 2 tab / day. For Group II patients, after ama pachana Greevabasti with Maha Masha taila (3 courses) with duration of 7 days and an interval of 7 days between 2 courses 'Tab Sallaki plus ' 2 tablets thrice a day for one month. Group I; The result of treatment was assessed after 65 days 39.96% patients were relieved, 39.96% patients were improved. 19.98% did not show any improvement.

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Group II; 46.62% of patients were relieved, 33.30% cases improved. 19.98% of patients did not show any improvement.

Treatment adopted in both groups was found equally effective.

The dissertation work consists of:

1. Review of literature – which includes anatomical and physiological aspects of neck pathology of Cervical spondylosis. Clinical features, differential diagnosis, Ayurvedic comparison of cervical spondylosis with Vishwachi, Sandhigata vata, sandhya sandhyata and chikitsa vivechana.
2. Materials and methods.
3. Observation and results.
4. Discussion
5. Conclusion

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1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	1
4	[ArtTitle]	***SANDHIVATA VYADHIRVAR RASONADI GUGGULU AUSHADHICHA CHIKITSAKIYA PRABHAVA- EK ADHYAYAN***
5	[ArtEqEng]	Study of clinical evaluation of Rasonadi Guggulu in Sandhivata
6	[NmeScholar]	Paramanand Bansod
7	[NmeGuide]	Sadhana Shende
8	[NmeCoGuide]	
9	[Dept]	Kayachikitsa
10	[Insti]	Shree Ayurveda Mahavidyalaya,Nagpur
11	[Univ]	Nagpur university
12	[Year]	1995
13	[EnNo]	S.A.M.10/85, 1/28474
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In this uncontrolled open study Rasonadi Guggulu was given to 40 patients of Sandhivata for 30days at OPD and IPD level. The parameters for assessment were oedema in joints, pain, crepitus, tenderness and pain on flexion and extension. There was 69.69% relief in oedema, 55.24% relief in pain, 71.43% relief in crepitus. There was minimum relief in pain symptom and maximum relief in tenderness. The total effect was 66.73%. It was found that without any external application the patients of sandhivata of 40-60 age groups of middle class got good results. Patients of 20-40 age group especially female of vata pitta prakriti were suffered from burning feet, sole and micturation with a dose of ° gm two or three times. Patients of

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50-70 age group with vata kaphaja prakriti doesn't have complication with 1gm three times daily. The overall statistics infer that Rasonadi Guggulu is very much effective in Sandhivata

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1	[ArtID]	
2	[FolNo]	2
3	[SlNo]	2
4	[ArtTitle]	***ROLE OF LAKSHAGUGGULU AND HARIDRADI LEPA IN THE MANAGEMENT OF SANDHIGATAVATA WITH SPECIAL REFERENCE TO OSTEOARTHIRITIS***
5	[ArtEqEng]	
6	[NmeScholar]	Rakesh Kumar
7	[NmeGuide]	Dr. Radhey Shyam Sharma
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	2005
13	[EnNo]	02/97980
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Relevance of Present Study:

In the present study entitled "Role of Lakshaguggulu and Haridradi Lepa (Kalpita yoga) in the Management Sandhi Gata Vata with special reference to osteoarthritis". The disease correlated with osteroarthritis was Sandhi Gata Vat chosen because of following reasons:

* The contemporary treatment of OA is mainly symptomatic and methods that check the progress of the disease and prevent the morbidity are for from being satisfactory.
* Surgical intervention such as Arthroplasty is an undesirable option.

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The Ayurvedic treatment visualizes the human body as a single unit and this holistic approach has opened many newer methods/facts to treatment. The treatment of a chronic disease is by Naimittika Rasayanas, which treats disease and provide overall nutrition to body. The most common drug, as well as Rasayana used in Vata Vyadhi is Guggulu and recent researches have shown that the oleoresin possessed significant anti-arthritic and anti-inflammatory activities (Santha Kumari et. al, 1964). Hence Guggulu based drug was kept in first preference and Laksha were taken because of its vast description in Ayurvedic classics especially in the management of Asthi Bhagna. Its efficacy has already proved due to its Asthibalya, and Asthisandhankar properties.

The treatment of Vata Vyadhi is not just confined to Antahparimarjana (internal treatment) but Bahyaparimarjana (external treatment) was considered equally. Numerous Tailas, methods of Sweda, sneha, Lepa, Bandhan, Seka are all the part of this treatment. Hence Snehan, Swedan, and Haridradi Lepa which was used as local application was used here.

AIMS AND OBJECTIVES

1. To establish the line of treatment of Sandhi Gata Vata.
2. To evaluate the efficacy of Lakshaguggulu in the management of the OA.
3. To evaluate the efficacy of Haridrai Lepa in the management of the OA.
4. To evaluate the efficacy of Lakshaguggulu +Haridradi Lepa in the management of Sandhi Gata Vata.
5. To provide the Drug having no side effect.

The present research work entitled "Role of Lakshaguggulu & Haridradi Lepa in the Management of Sandhigatavata with Special Reference to Osteoarthritis." has been presented broadly in six chapters. The initials three chapters deals with the review of literature i.e. (1) Ayurvedic Review (2) Drug Review (3) Modern Review. Fourth and fifth chapter deals with the clinical studies i.e. Material and Methods and Observation & Results. Sixth Chapter contains the Critical

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discussion. It is preceded with introduction and is followed by a Summary and Conclusion, Bibliography and references are suspended at the end.

Review of Ayurvedic Literature begins with review of previous works regarding nomenclature of Osteoarthritis in Ayurvedic, which has been critical examined and suggested to be considering as Sandhigata Vata. Sandhivata is Vatik disorder and Aetiopathogenesis started with vitiation of Vata mainly due to Dhatu Kshaya or by Avarana direct practice of Vata Vardhak. Ahar and Vihar. Avarana and Vata Vardhak Ahar Vihar may have role in manifestation of symptoms or aggravation of disease or may be cause of secondary Osteoarthritis as in modern science. Vitiated Vata accumulated in Sandhsthan on the principle of Khavagunya causes destructive changes in Asthisandhi and qualitative and quantitative diminution of Shleshak Kapha leading to appearance of symptoms.

In Drug review chapter a short description of all the component of "Herbal compound" has been put on. These included botanical name, family, synonyms name in different region and languages, habitat, classical properties (i.e. Rasa, Guna, Virya, Vipaka, Kerma etc.). Chemical constituents, properties and uses, and reports on pharmacological and clinical studies of herbal drug [Lakshaguggulu-Laksha, purified Guggulu, Ashwagandha, Arjuna, Asthisrimkhala, and Bala. Haridradi Lepa – Haridra, Madhu, and sudha (Lime)].

The third chapter consists of Modern literary review. It takes the brief account of definition, epidemiology, pathogenesis, patho-physiology of cartilage changes, risk factor, classification, clinical feature, laboratory and radiological finding, complication, prognosis and management of Osteoarthritis by non-pharmacological and pharmacological basis.

The Fourth chapter consists of Material and Methods in which details selection of patients with exclusion and inclusion criteria, diagnostic criteria and parameters for assessing improvement after treatment were given. Present study has been divided into three groups based on the type of therapy to

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which patients were subjected Group A consists of 10 case of both sexes were received Lakshagugglu along with Snehan and Swedan, 10 patient were present in Group B with Haridradi Lepa along with Snehan and Swedan. And also 10 patients were present in Group for combined therapy (A+B).

In Observation and Result chapter the demographic profile shows that maximum number of patients of patients visited were in 6th decade (40%), more occurrence of disease was noted in females (53.33%). On the basis of occupational status housewives (40%) then serviceman (26.67%) was found to be more affected. Prevalence of disease was found to be more in middle class (76.66%) and urban population (73.33%). This may be due to stressful life, dietary habit and lack of exercise. The incidence of family history was less (20.00%), ruling out any genetic interaction in aetio-pathogenesis of disease. The Prakriti of each patient was ascertained on the basis of individual Prakriti with maximum in Vatakaphaja (40.00%). Maximum number of cases belong to ranging of > 1 years (50.00%) duration of illness, then in-group ranging from > 6 month < 1 year (26.67%) and least number of cases were reported with duration of illness for <6 month of illness (23.33%).

The result of all groups was shown as per statistical methods. Mean change of severity of each symptom has been analyzed separately.

Over All therapeutic response of Group A patients

Lakshaguggulu when used in new and uncomplicated cases of sandhigatavata produced significant clinical improvement which was 44.00% relief in pain, 45.45% relief in Tenderness, 52.17% relief in stiffness of joints, 50% relief in oedema of joints, improvement in walking distance by 40.19% and Restriction of movement was found 45.83% but in chronic cases of sandhivata (OA) having polyarthritis with degenerative changes in bony joints lakshaguggulu has very limited role to play.

Over all Therapeutic Response of Group B Patients

When Lepa therapy was used in cases of sandhigata vata

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produced high degree of clinical improvement in oedema of joints, which was 62.50% and moderate degree of clinical improvement in Tenderness of joints (50.00%) and in stiffness of joints (52.17%), and mild degree of clinical improvement in pain (30.43%), walking distance (40.19) and in restricted movement (37.50%)

Overall Therapeutic Response of Group C Patients

Result were found highly significant when combination of both above mentioned therapy was applied to the which was relief in pain tenderness was 62.50 and 60.87% respectively and improvement in stiffness of joints, walking distance, oedema of joints and restriction of joints movement was observed 59.09%, 54.55%, 71.43% and 54.17% respectively.

Snehan and Swedan was applied in all groups of the local Snehan and Swedan. It also has supposed to produced improvement because of following trifold approaches:

1) By improving vascularity of affected joints by application of heat.
2) Removal of exudates from the tissues as a physical effect of massage.
3) Specific therapeutic effect of medicaments used in Snehan and Swedan i.e. vata shamak activities of Dashmoola taila and Dashmoola Kwath respectively.

Overall Percentage Change

Overall percentage of improvement was 45.59% in group B (mild improvement in Haridradi Lepa treated group), 46.40% moderate improvement in group A (Lakshaguggulu group) and 60.43% improvement in group C i.e. combination of both Therapy i.e. maximum improvement was noticed in group C after the course of trial.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	97B
4	[ArtTitle]	***THE ROLE OF MATRABASTI IN THE MANAGEMENT OF SANDHI GATAVATA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Bharathi. A.P.
7	[NmeGuide]	Dr. R.P. Hosamath
8	[NmeCoGuide]	Dr.Chandramouli
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Sandhigatavata is the most common form of joint disorder. It is a major cause of morbidity and disability as well as burden on health care resources especially for the elderly. This disease keeps an insidious attack which runs for many years causing the loss of functions as well as deformity of the joints especially weight bearing joints like knee joint. Though, there is a lot of advances in understanding of this disease, day by day the disease has become a problem. As a constellation of clinical and anatomical features, analogue to heart failure indeed on might with advantage be renamed' Joint Failure" management of this disease is facing a lot of difficulties and contemporary science aims 'to control' the disease rather 'to cure Keeping all these points in mind a package therapy was

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planned and a sincere, dedicated of the study.

Aims and Objectives of the study:

1. To assess the efficacy of classical package line of treatment in sandhigatavata particularly in janusandhigatavata, with an aim to study the role of matrabasti in the management of sandhigatavata.
2. To study conceptual and clinical configuration of the disease 'Janusandhigatavata' with the role played by nidana, dosha, dushya and agni in its production.
3. To establish sandhigatavatahara properties of panchatiktaguggulu gritha with logical interpretation.

The history, definition, nidanapanchaka and treatment were reviewed with the help of available information in contemporary science the recent research dates agout knee OA were summarized.

In a single blind controlled clinical study, patients were selected incidentally from OPD. G.A.M.C. Mysore. 22 patients wee considered for the study excluding products. Patients wee assigned into two identical groups based on pretest performance. Only knee OA patients that too primary OA, post traumatic OA, OA associated with overweight were selected. X-Ray was used as a main diagnostic tool along with symptoms.

Control group was treated with Ajamodadichurna for 3 days. Abhyangaand upanaha for 7 days along with yogabasti and trayodashanga guggulu of r1 month. Test group received ajamodadi churna, abhyanga, upanaha, yogabasti. After yogabasti group received matrabasti for 14 days followed by trayodashangaguggulu for 1 month. Assessment was made on the basis of syumptomatology.

Along with cardinal features a thorough study was made on the involvement of dosha, dushya and agni. Dashavidha actura pareeksha was done. A clear history was elicited to note the involvement of various risk facors. Observations were made on aetiology and clinical presentation. It was observed that vyayama and occupation play a vital role in sandhigatavata.

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Overweight was also a major risk factor, prevalence was more in female.

Assessments were made after each procedure and it was observed that abhyanga and upanaha was beneficial in initial stage of the disease and effective in releasing stiffness. When trial drug was statistically analyzed over control drug it was statistically highly significant in decreasing shula and significant in decreasing shotha. The drug was equally effective during follow up period also overall assessment reveals that 3 patients in test group and 1 patient in control group got complete relief, but the study failed to find out radiological changes. The drug was less effective in intra articularsteriod dependent patients when compared with fresh cases.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***A CLINICAL STUDY ON THE EFFECT OF SUNTHI, GUGGULU AND GODANTI ON AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] Anukul Chandra Kar, K.V. Kale, R.D. Prasad, Ratan Mishra and K.C. Audichya
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Jaipur.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXV, No. 3-4, (2004) pp. 22-32
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] A total of 20 established cases of Amavata were selected for the study. Sunthi, Guggulu and Godanti combined in ration of 1:2:1 was administered to the patients in a dose of 2 gms three times daily with warm water. The improvement was assessed in terms of subjective and objective parameters and it was observed that there was significant improvement in walking time after 15 days of treatment but it was highly significant after 30 & 45 days of treatment. Regarding Grip strength there was no statistically significant effect obtained after 15 days of treatment but result was found significant after 30 days of treatment. The highly significant result was obtained only in right hand after 45 days of treatment.

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Regarding the pressing power the highly significant result was obtained after 45 days of treatment. In this parameter both hands got same type of improvement. No side effects were found during this treatment.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***A PILOT STUDY ON THE EFFECT OF NARSINGHA CHURNA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] A. K. Sharma and Sunil Borkar
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kaya chikitsa
10. [Insti] National Institute of Ayurveda, Jaipur.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXIV, No. 1-2, (2003) pp. 11-20
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

The study was conducted in 44 clinicaly diagnosed cases of Amavata (RA) with an objective of clinical evaluation of compound drug formulation Narsingha Churna in the management of Amavata (RA) on the basis of various scientific parameters.

Statistically significant improvement was observed in clinical, functional and haematological parameters in group A (treated with Narsingha Churna) and no improvement was observed in these parameters in group B (placebo group), patients after the course of the therapy.

Narsingha Churna is an effective remedy in the management of uncomplicated and new cases of Amavata (Rheumatoid arthritis)

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1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***A PRELIMINARY CONTROLLED CLINICAL TRIAL OF INDIGENOUS COMPOUND DRUGS IN CASES OF RHEUMATOID ARTHRITIS.***
5.	[ArtEqEng]	
6.	[NmeScholar]	R.H. Singh, S.S. Mishra, K. M. Tripathi & N. S. Bhatt
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	Dept. of Kayachikitsa
10.	[Insti]	Institute of Medical Sciences, Varanasi.
11.	[Univ]	Benarus Hindu University.
12.	[Year]	Rheumatism, vol.19, No.2
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	Rheumatoid arthritis is a common connective tissue disorder usually running a chronic phasic course with a tendency of spontaneous remissions and exacerbations and growing incidence of deformities of involved joints. The modern treatment in terms of different kinds of analgesics and anti inflammatory drugs has not proved to be of curative value. The modern treatment is mostly palliative. In view of this fact it has been repeatedly suggested that certain indigenous drugs may prove better in the care of these patients. It is with this objectives that certain indigenous compound drugs. Rh-1A (Placebo), Rh-1B (Rheumayog), Rh-1(Au) (Rheumayog with Gold) were clinically tried in the present context.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***ARSENIC DISULPHIDE (RASA MANIKYA) IN THE TREATMENT OF REHUMATOID ARTHRITIS (AMAVATA)***
5. [ArtEqEng]
6. [NmeScholar] N. C. Dash and B. K. Das
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] PG Department of KayaChikitsa
10. [Insti] Gopbandhu Ayurveda Maha Vidyalaya, Puri (Orissa) – 752 002.
11. [Univ]
12. [Year] JRAS, Vol. XV, No.1-2, pp17-22.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] A clinical trial was carried out on 20 number of seropositive Rheumatoid arthritis (Amavata) of Kaphaja type. The trial drug was Rasamanikya and Godanti as a single dose of 250 mg each every 12 hour interval for a period of 30 days. The study discloses an effect of complete remission – 5%, maximum improvement 65% and minimum improvement 30%. The above results includes clinical remission including seronegativity of R.A. Factor and declining in the E.S.R. patients preference over recovery and healthyness with the trial drug for 30 days duration were satisfying.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] **CERTAIN CLINICAL AND EXPERIMENTAL STUDIES ON THE ANTI-ARTHRITIC EFFECT OF AN INDIGENOUS DRUG, VITEX NEGUNDO**
5. [ArtEqEng]
6. [NmeScholar] R. H. Singh and G. N. Chaturvedi
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kaya Chikitsa
10. [Insti] Post-Graduate Institute of Indian Medicine, Faculty of Medical sciences
11. [Univ] Banaras Hindu University, Varanasi.
12. [Year] Vol. II, No. 7, July 1967, pp. 406-414
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Ten arthritis patients, most of whom suffered from Rheumatoid arthirits, have been investigated and treated with and indigenous drug Vitex negundo.

The drug has been used in two forms: total watery extract orally and boiling leaves for fomentation locally over the involved joints.

The effect of both these preparations have been tested in experimental arthritis induced by formaldehyde in laboratory animals.

It seems that the drug is not able to exert any antiarthritic effect when used internally but when used externally for fomentation it showed some effect.

The application of heat to the joints seems to play major role in relieving the swelling and pain in joints.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF EFFICACY OF PIPPALI VARDHAMANA KSHEERAPAKA + SAMEERPANNAGA RASA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] M. Mruthyumjaya Rao, Anukul Chandra Kar, P. Bhattacharya and Jayram Hazra
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Kolkatta
11. [Univ]
12. [Year] J.R.A.S. Vol. XXVI, No. 1-2, (2005) pp. 1-15.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] A single blind clinical trial an Amavata (Rheumatoid Arthritis) was conducted at Central Research Institute (Ay), Kolkatta during the period from May 1999 to March 2004. A total number of 157 cases were selected on the basis of criteria of diagnosis laid down by the 'American College of Rheumatology' (1987-revised) and also as per the protocol designed by C.C.R.A.S., New Delhi.

All the patients were administered Pippali Vardhamana Ksheerapaka + Sameerpannaga Rasa for the period of six weeks. The results were assessed in terms of Clinical recovery, Functional recovery & recovery in E.S.R. Out of 157 cases, 27 had good response, 50 had fair response while 55 cases were dropped out. After assessing the results it was concluded that the tried drug regimen is effective.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF EFFICACY OF SUNTHI GUGGULU + GODANTI IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] M. Mruthyumjaya Rao, Anukul Chandrakar, Jayaramhazra and P. Bhattacharya
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Unti I, Bhubaneswar.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXVI, No. 3-4, (2005) pp. 80-94
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

In order to evaluate the efficacy of Sunti+Guggulu+Godanti (SGG Yoga) combination in the treatment of Amavata (Rheumatoid arthritis) a single blind clinical trial was conducted at Central Research Institute (Ayu). Kolkata during the period from May 1999 to March 2004. A total number of 80 cases were selected on the basis of criteria of diagnosis laid down by the 'American College of Rheumatology' (1987 revised) and also as per protocol designed by CCRAS. New Delhi.

All the patients were administered SGG yoga for the period of six weeks. The results were assessed in terms of clinical recovery & recovery in ESR out of 80 cases. 18 had good response, 25 had fair response, 17 had poor response, 2 had no response which 18 cases were dropped out. After assessing the results it was conducted that the drug regimen is effective.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL EVALUATION OF EFFICACY OF SUNTHI GUGGULU + GODANTI IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5	[ArtEqEng]	
6	[NmeScholar]	M. Mruthyumjaya Rao, Anukul Chandrakar, Jayaramhazra and P Bhattacharya
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	C.R.I. (Ay), Kolkata.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XXVI, No. 3-4, (2005) pp. 80-94
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In order to evaluate the efficacy of Snunti + Guggulu + Godanti (SGG Yoga) combination in the treatment of Amavata (Rheumatoid arthritis) a single blind clinical trial was conducted. A total number of 80 cases were selected on the basis of criterial of diagnosis laid down by the 'American College of Rheumatology' (1987 revised) and also as per protocol designed by CCRAS, New Delhi. All the patients were administered Sunthi Guggulu Godanthi yoga for the period of six weeks. The results were assessed in terms of clinical recovery & recovery in ESR. Out of 80 cases, 18 had good response, 25 had fair response, 17 had poor response, 2 had no response and 18 cases were dropped out. After assessing the results it was conducted that the tried drug regimen is effective.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF PANCHAKOLA CHURNA PRAKSHEPA PATRAPINDA SWEDA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] G. Venkateshwarlu, Kiran V. Kale, T. Maheswar and S. N. Murthy
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Regional Research Institute (Ayu), Nagpur.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXVIII, No. 1-2, (2007) pp. 49-80.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] A clinical study with Panchakola churna prakshepa patrapinda sweda was carried out in I.P.D of Regional Research Institute (Ayurveda), Nagpur as per the C.C.R.A.S. protocol during 2002 to 2006. A total number of 46 cases of Amavata (Rheumatoid Arthritis) have been studied for a period of 6 weeks. Significant clinical improvement was noted ($p<0.0001$) in all the clinical findings except subcutaneous nodules which was showed insignificant improvement. The overall treatment response among the total number of cases studied as 02 (4.35%) cases had shown Good Response, 20(43.48%) cases had shown Fair Response, 15(32.60%) cases had shown Poor

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Response, 04(8.69%) cases not responded to the treatment and rest (10.87%) were Dropouts. The result of the study showed that the therapeutic procedure medicated fomentation can be used as effective management in Amavata patients.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***COMPARATIVE THERAPEUTIC EVALUATION OF THE EFFICACY OF SAMANA CHIKITS VS. SHODHANA CHIKITSA (VAMANA KARMA) IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] M. Mruthyumjaya Rao, Anukul Chandra Kar, P. Bhattacharya and Jayram Hazra
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Kolkata.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXIX, No. 3, July – Sept'08 pp. 1-24
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] In order to evaluate the efficacy of different drug combinations in different modes i.e. Samana & Shodhana with reference to Vamana karma in the treatment of Amavata (Rheumatoid arthritis) a randomized, single blind clinical trial was conducted at Central Research institute (Ay) Kolkata during the period from May 1999 to March 2004. A total number of 478 cases were selected and kept in four groups [Samana = 2 (Al, A2)+Shodhana = 2 (B1, B2)] on the basis of criteria of diagnosis laid down by the 'American College of Rheumatology' (1987 revised) and also as per the protocol designed by C.C.R.A.S., New Delhi.

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In Group –A1, the patients were administered Pippali vardhaman ksheerapaka + Sameera pannaga rasa; In Group – A2, Shunti + Guggulu + Godanti combination and in Group – B1, patients were subjected for Deepana + Pachana + Snehana + Swedana + Vamana Karma + Samsarjana Krama while in group – B2 patients were subjected for only Snehana + Swedana + Vamana karma + Samsarjana karma i.e. without administration of deepana – pachana drugs. The results were assessed in terms of Clinical recovery, Functional recovery & Recovery in E.S.R.

In Group – A1; Out of 157 cases, 15.28 percent had good response, 31.84 percent had fair response, 15.28 percent had poor response, 2.54 percent had no response while 35.03 percent cases were dropped out while in group – A2; Out of 80 cases, 22.50 percent had good response, 31.25 percent had fair response, 21.25 percent had poor response, 2.5 percent had no response while 22.5 percent cases were dropped out.

In group – B1; Out of 110 cases, 10 percent had good response, 59.09 percent had fair response, 19.09 percent had poor response, 7.27 percent had no response while 4.54 percent cases were dropped out while in group – B2; Out of 131 casesm 13.74 percent had good response, 20.21 percent had poor response, 5.34 percent had no response while 6.87 percent cases were dropped out.

After analyzing the results it was concluded that the Sodhana Chikitsa (Vamana Karma) is more effective than Samana Chikitsa.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF RASONADI KVATHA IN THE TREATMENT OF AMAVATA-RHEUMATOID ARTHRITIS***
5. [ArtEqEng]
6. [NmeScholar] P. Kishore & S. N. Banerjee
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu) Unit I, Bhubaneshwar.
11. [Univ]
12. [Year] J. R. A. S. Vol. IX, No. 1-2, pp. 29-37
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

The observation on the effect of Rasonadi Kvatha a combination of Rasona, Sunthi and Nirgundi in the patients of Amavata-rheumatoid arthritis have been presented in the paper. The preparation has been selected on the basis of effect of its ingredients on Samprapti of Amavata. The observations indicate fairly good response. Since almost all of the patients who completed the treatment were relieved though complete relief was observed only in 28% of cases. The efficacy of drug compares well with the conventional approach to Ayurvedic treatment and newer preparations reported earlier. The mechanism of action of drug has also been discussed briefly. The easy availability of its ingredients is likely to make if more popular in practice.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF SHAMANA CHIKITSA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] Anukul Chandra Kar, K.V. Kale, R.D. Prasad, Ratan Mishra and K.C. Audichya
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Jaipur.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXVI, No. 1-2, (2005) pp. 75-83
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] A total of 28 established cases of Amavata were selected for the study. Shallaki and Suranjan combined in equal ration was administered to the patients in a dose of 500mg three times daily with warm water. The improvement was assessed in terms of subjective and objective parameters and it was observed that there was significant improvement in walking time after 15 days of treatment but it was highly significant after 30 & 45 days of treatment. Regarding Grip strength it was observed that the result, which was obtained after 15 days of treatment continued the same after 45 days of treatment, Regarding the pressing power there was no significant improvement in both the hands even after 45 days of theray. No side effects except loose motion in some cases were found during this treatment.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF SURANJAN SHALLAKI YOGA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] L. K. Sharma, G. V. Venkateshwarlu, T. Maheswar and Kiran V. Kale.
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Regional Research Institute (Ayu), Nagpur.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXV, No. 3-4, (2004) pp. 33-46
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] A clinical study with a combination of Suranjan (Colchicum luteum) churna (500 mg. TDS) and Shallaki (Boswelia serrata) Tablet (500 mg. TDS) was carried out as per the C.C.R.A.S. protocol during 1999 to 2004. A total number of 91 cases of Amavata (R.A.) have been studied for a period of 6 weeks. Significant clinical improvement was noted as 17(18.68%) cases had Good Response, 29(31.87%) cases shown Fair response, 21(23.07%) cases shown Poor response, 09(9.89%) cases not responded to the treatment and rest are dropouts. The result of the study shows that the herbal formulation can be used as an effective remeady for Amavata (Rheumatoid Arthritis).

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF THE EFFICACY OF VAMANA KARMA IN THE MANAGEMENT OF AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] M. Mruthyumjaya Rao, Anukul Chandra Kar, P. Dhattacharya and Jayram Hazra
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Kolkata.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXIX, No. 4, Oct-Dec'08 pp. 1-18
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] In order to evaluate the efficacy of vamana karma in the Treatment of Amavata (Rheumatoid arthritis) a single blind clinical trial was conducted at Central Research Institute (Ay.) Kolkata during the period from May 1999 to March 2004. A total number of 131 cases were selected on the basis of criteria of diagnosis laid down by the American College of Rheumatology (1987-revised) and also as per the protocol designed by C.C.R.A.S., New Delhi.

All the patients were admitted in the hospital section of C.R.I. (Ay.), Kolkata and were subjected for Vamana karma. The results were assessed in terms of Clinical recovery, Functional recovery & Recovery in E.S.R. Out of 131 cases, 18 had good

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response, 75 had fair response, 22 had poor response, 7 had no response while 9 cases were dropped out. After assessing the results it was concluded that the Vamana karma is effective in the management of Amavata.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF V. H. V. AND SIMHANADA GUGGULU IN AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] P. Ramachandran Nair, N. P. Vijayan and P. Madhavikutty
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Pancakarma, Cheruthurthy, Kerala.
11. [Univ]
12. [Year] J.R.A.S, Vol.XIII, No.1-2, (1997) pp1-13.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Amavata (Rheumatoid arthiritis) is a chronic, degenerative disease of connective tissue mainly involving joints, Two groups of Ayurvedic preparations were evaluated as a possible remedy for the disease. One hundred and thirty five patients were divided into three separate groups. First group received V. H. V. (500 mg. tds – po) a combination of three ingredients i.e., Vettumaran gutika, Haridradi and Vacadi ganas (90 Patients). Second Group received Simhanadaguggulu (1 g. with 9 ml. Castor oil bds – po -25 patients) and the third group served as control. It was given starch tablets 500 mg. bds (20 patients). Duration of the trial was 90 days. Improvement after therapy was graded as per the criteria of American Rheumatism Association. Significant clinical improvement was noted in group I and II. (X^2 test, $P<0.001$ for group I and $P<0.02$ for

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group II in comparison to group III). E. S. R. also significantly decreased in these groups. However, no increase in haemoglobin percentage was noted.

The result of the study clearly shows that V.H.V combination and Simhanada guggulu can be used as effective remedies for rheumatoid arthritis.

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19. [ArtID]
20. [FolNo]
21. [SlNo]
22. [ArtTitle] ***PUSKARA – GUGGULU AN ANTIANGINAL AND HYPOLIPIDEMIC AGENT IN CORONARY HEART DISEASE (CHD)***
23. [ArtEqEng]
24. [NmeScholar] Ramji Singh, R. P. Singh, P. G. Batliwala, B. N. Upadhyay and S. N. Tripathi
25. [NmeGuide]
26. [NmeCoGuide]
27. [Dept] Clinical Research Unit (Ayurveda and Modern Team), CDRS, CCRAS & Dept. of Kayachikitsa
28. [Insti] Institte of Medical sciences.
29. [Univ] Banaras Hindu University.
30. [Year] J.R.A.S. Vol. XII NO. 1-2, pp. 1-18
31. [EnNo]
32. [Lang] English
33. [Study]
34. [SubStudy]
35. [AnyOther]
36. [Abst] One hundred fifty patients of coronary heart disease with objective evidence of ischemic changes in ECG and exertional angina were treated with Puskara guggulu (1:1 w/w) powder for a period of 6 months at total dose level of 6-8 g per day in divided doses. Cholesterol, triglycerides and total lipids were estimated at baseline before initiating the treatment and at the end of first, third and six months subsequently. Highly significant difference in all three lipid components was observed from 1st month onwards indicating most efficacious lipid lowering activity of the combined drug treatment. Mechanism of action in ameliorating symptoms and improving functional status of coronary heart disease patients has been considered.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF V.H.V. AND SIMHANADA-GUGGULU IN AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] P. Ramachandran Nair, N.P. Vijayan and P. Madhavikutty
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Pancakarma Cheruthuruthy, Kerala.
11. [Univ]
12. [Year] J.R.A.S. Vo. XIII, No. 1-2, pp. 1-13
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Amavata (Rheumatoid arthritis) is a chronic, degenerative disease of connective tissue mainly involving joints. Two groups of Ayurvedic preparations were evaluated as a possible remedy for the disease. One hundred and thirty five patients were divided into three separate groups First group received V.H.V. (500 mg. tds-po) a combination of three ingredients i.e., Vettumaran gutika, Haridradi and Vacadi ganas (90 patients). Second group received Simhanadaguggulu (1 g. with 9 ml. Castor oil bds-po.25 patients) and the third group served as control. It was given starch tablets 500 mg. bds (10 patients). Duration of the trial was 90 days. Improvement after therapy was graded as per the criteria of American Rheumatism Association. Significant clinical improvement was noted in

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group I and II. (X^2 test, $P<0.001$ for group I and $P<0.02$ for group II in comparison to group III). E.S.R. also significantly decreased in these groups. However, no increase in haemoglobin percentage was noted.

The result of the study clearly shows that V.H.V. combination and Simhanada guggulu can be used as effective remedies for rheumatoid arthritis.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL STUDIES ON THE TREATMENT OF AMAVATA-RHEUMATOID ARTHRITIS WITH SUNTHI-GUGGULU***
5. [ArtEqEng]
6. [NmeScholar] Prem Kishore, K. V. Devi Das, S. Banarjee
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Unit-I, Bhubaneshwar.
11. [Univ]
12. [Year] Jour. Res. Ay. Sid., Vol. III No. 3 & 4, pp. 133-146.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] This paper presents observations on the Clinical studies on Amavata-Rheumatoid Arthritis. Efforts have been made to assess the clinical efficacy of Sunthi Guggulu in the treatment of this disease in relation to the prevalent set of medicines consisting of Yogaraja Guggulu, Vatagajankusha Rasa, Amavatari Rasa and Maharasanadi Kvataha. The observations on sixty-three patients indicate that the disease is more prevalent in the age group of eleven to forty years; and males suffer from it more than females. The results indicate better effects of Sunthi-Guggulu as compared to the other set of medicines taken up for trial. Attempts have also been made to indicate the possible mode of action in its treatment on the basis of both the Ayurvedic and Allopathic principles.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] **COMPARATIVE CLINICAL STUDY ON MUSTA, ASWAGANDHA AND PANCAKARMA THERAPY IN AMAVATA (RHEUMATOID ARTHRITIS)**
5. [ArtEqEng]
6. [NmeScholar] P. Madhavikutty, K. Santhakumari, N. P. Vijayan, P. Ramachandran Nair and Suresh Kumar
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Pancakarma, Cheruthurthy, Kerala.
11. [Univ]
12. [Year] J.R.A.S, Vol.XVIII, No.1-2, (1997) pp1-10.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Amavata (Rheumatoid arthritis) is a chronic multi-system disease which affects mainly the joints. Most patients experiences persistant but fluctuating disease activity accompanied by variable degree of joint deformity. As the course of the disease process has not been clearly known, the successful treatment and prevention are also very difficult. In Amavata, Kapha and Vata are the main vitiated Doses. Ama a product of impaired pacakagni and Rasadhathwagni is carried by Vayu and accumulated at different places of the body mainly in the joints by obstruction of srotases and causes inflammation. A research study was conducted to assess the effect of single drugs and Pancakarma therapy in Amavata.

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120 patients were selected for the study. They were grouped into 3 at random and Musta Curna. Aswagandha Curna and Pancakarma therapy was given in group I, II and III respectively for the period of 90 days. The results were encouraging and statistically highly significant (P<0.001) in all the three groups. The result was better in Pancakarma group in comparison with Musta and Aswagandha groups.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***COMPARATIVE THERAPEUTIC EVALUATION OF THE EFFICACY OF PIPPALI VARDHAMAN KSHEERAPAKA + SAMEERAPANNAGA RASA VS. SHUNTI + GUGGULU + GODANTI IN THE MANAGEMENT OF AMAVATA. (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] M. Mruthyumjaya Rao, Anukul Chandra Kar, P. Bhattacharya, Jayram Hazra
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu.), Kolkata.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXVII, No. 1-2, (2006) pp. 81-94
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] In order to evaluate the efficacy of Pippali vardhaman Ksheerapaka + Sameerapannaga rasa vs. Shunti + Guggulu + Godanti in the treatment of Amavata (Rheumatoid arthritis) a randomized, single blind clinical trial was conducted at Central Research Institute (Ay.), Kolkata during the period from May 1999 to March 2004. A total number of 237 cases were selected on the basis of criteria of dignosis laid down by the 'American College of Rheumatology' (1987-revised) and also as per the protocol designed by C.C.R.A.S., New Delhi.

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The patients were selected from the O.P.D. of the hospital section of C.R.I. (Ay), Kolkata and were divided in two groups. In group – I, patients were administered Pippali vardhaman Ksheerapaka + Sameerapannaga rasa and in group – II. Shunti + Guggulu + Godanti combination was administered. The results were assessed in terms of Clinical recovery, Functional recovery & recovery in E.S.R.

In group – I; Out of 157 cases, 15.28 percent had good response, 31.84 percent had fair response, 15.28 percent had poor response, 2.54 percent had no response while 35.03 percent cases were dropped out. In group – II; Out of 80 cases, 22.50 percent had good response, 31.25 percent had fair response, 21.25 percent had poor response, 2.5 percent had no response while 22.5 percent cases were dropped out. After assessing the results it was concluded that the efficacy of the Shunti + Guggulu + Godanti combination is more effective than that of Pippali vardhaman ksheerapaka + Sameerapannaga rasa.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***EFFECT OF A HERBO-MINERAL COMBINATION (SUNTHI GUGGULU GODANTI) IN AMAVATA (RHEUMATOID ARTHRITIS)***
5. [ArtEqEng]
6. [NmeScholar] Anil Kumar, Naresh Kumar
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Regional Research Institute for Ayurveda (CCRAS), Jammu.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXIV, No. 3-4, (2003) pp. 14-30.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Present study was undertaken to evaluate the therapeutic efficacy of Sunthi Guggulu Godanti – a herbo – mineral combination in the management of Amavata – Rheumatoid Arthritis. This drug combination was a step advance from the previous combination of Sunthi – Guggulu, studied in different institutions of CCRAS for the management of Amavata – Rheumatoid Arthritis.

Statistically highly significant ($p<0.001$) effects of the trial drug combination on different cardinal symptoms of the disease and lab. Parameters in the cases under the study prove its disease curing and modifying actions. The synergistic action of all the three components of the drug combination where on the one hand helps in breaking the complex chain of

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pathogenesis of the disease thereby creating nirama status in the joints and body as a whole and thus preventing the osteoporosis and erosion like complications leading to alignment deformities which are otherwise impending in the course of the disease, it on the other hand acts as anti inflammatory and analgesic and increases the radius of movement (ROM) of joints thus restores the normal functions of the joints. The rejuvenation effect of the drug combination in the rebuilding of the insulted bony tissue with the effect of natural calcium – Godanti bhasma in niramaja status is another zone of consideration, which requires further advanced evaluation by scanning and imaging.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***EFFICACY OF RHYMAYOG AND RHUMAYOG WITH GOLD IN RHEUMATOID ARTHRITIS – A DOUBLE BLIND STUDY***
5. [ArtEqEng]
6. [NmeScholar] U.R.K. Rao, N.S. Bhatt, M.U.R. Naidu, T.R. Kumar, U. Shobha, K. Venubabu
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti]
11. [Univ]
12. [Year] The Indian Practitioner, December 1993 Vol. XLVI No. 12.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Thirty patients (women-22, Seropositive-21) with active rheumatoid arthritis were studied to evaluate the efficacy of Ayurvedic products Rhumayog (Rh)) (n=15) and Rhumayog with Gold (Rh Au) (n=15) for a period of 6 months. Both drugs showed anti inflammatory and disease modifying activity. Patients on Rh showed improvement in articular index (AI) (p=0.001), pain index (P1) (p=0.01), walking time (WT) (p-0.05), ESR (p=0.01), CRP (p=0.01) and in immunoglobulins (IG) (P=0.001), WT (p=0.05), E S and IgM (p=0.01). However, Rh Au was better in improving the grip strength (p=0.05) and morning stiffness (P=0.01). No side effects were encountered with the drugs during the study period. Ayurvedic preparations Rhumayog and Rhumayog with Gold have positive role in the management of Rheumatoid Arthritis due to their anti-inflammatory and disease modifying activities.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***EVALUATION OF THE EFFICACY OF CLASSICAL SODHANA THERAPY (PANCAKARMA) IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS***
5. [ArtEqEng]
6. [NmeScholar] P. K. Sudarsanan Nair, P. Sankarankutty
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Panchakarma, Cheruthuruthy.
11. [Univ]
12. [Year] J.R.A.S. Vol. XIV, N 3-4, pp. 115-124.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

A clinical study to evaluate the efficacy of Pancakarma therapy in selected cases of rheumatoid arthritis is conducted. All the patients (15 Nos.) have undergone a course classical method of sodhana therapy, including snehapana, swedana, virecana, samsarjana karma and vastikarma (Kalavasti) by using prescribed drugs. The assessment of response to the therapy was based on the subjective symptoms and objective observations like pain (visual analogue scale method), tenderness, duration of morning stiffness, swelling of joints, articular index, and improvement in the functional ability etc.

The response to therapy is statistically analysed and found encouraging. The study proved that the classical method of pancakarma therapy, especially virecana karma and the vastikarma is an effective method of therapy in the management of rheumatoid arthritis.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***FURTHER CLINICAL EVALUATION OF SUNTHI-GUGGULU IN THE TREATMENT OF AMAVATA-RHEUMATOID ARTHRITIS.***
5. [ArtEqEng]
6. [NmeScholar] Prem Kishore and M. M. Padhi
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu), Unit I, Bhubaneswar.
11. [Univ]
12. [Year] J.R.A.S. Vol. IX, No. 3-4, pp. 89-104.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Sunthi-Guggulu combination has already demonstrated its efficacy in the treatment of Amavata in early studies. Therefore, further studies have been undertaken on more specific and quantifiable parameters for diagnosis and assessment of the effect. A score system with the maximum 100 points has been evolved on the basis of various objective and subjective findings. The observations on 50 patients demonstrated cardinal clinical features of the disease-pain, swelling, tenderness, muscle weakness, restriction of joint movement and morning stiffness in all the patients. A substantial number of patients were also having manifestations of gastrointestinal dysfunctions. The ankle, knee, wrist, elbow and the smaller joints of the hand and feet were most frequently affected. Most of the patients were suffering with moderately

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severity (50-74) while remaining was suffering from very severity of the disease.

The effect of the treatment assessed separately on each of the cardinal clinical manifestations of the disease shows significant effect on them since about 80% of these patients who completed the full course of treatment got relief. The associated gastro-intestinal symptoms were also shown significant improvement. The overall effect of treatment is very obvious since about 80% of the patients who completed full course of treatment showed either marked relief or complete relief. These observations further confirmed the efficacy of the drug and its possible effect on dissolution of the Pathogenesis.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***MANAGEMENT OF AMAVATA WITH CERTAIN AYURVEDIC PREPARATIONS***
5. [ArtEqEng]
6. [NmeScholar] P.P.N. Bhattathiri, S. Sasidharan Nair, M.P. Vijayan and P.R.C. Nair.
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Panchakarma, Cheruthuruthy.
11. [Univ] J.R.A.S. Vol. XV No. 3-4, pp. 115-121.
12. [Year]
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] 40 patients suffering from Amavata were given panchakola churna internally and valuka sweda externally for the first 10 days for Amapachana purpose. Afterwards the patients were divided into two groups randomly. In group I Guduci Kwatha, Guduci Sneha, and Guggulu were administered and in Group II Guduci kwatha, Guduci Sneha and Rasna churna and given for 20 days. The result of treatment was encouraging and statistically significant.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***MANAGEMENT OF AMAVATA WITH SOME AYURVEDIC FORMULATION : A CLINICAL EVALUATION***
5. [ArtEqEng]
6. [NmeScholar] Bikartan Das, M. M. Padhi, N. Srikanth, A. R. Nair and K. K. Chopra
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Research Institute (Ayu),Unit-I, Bhubaneswar-9.
11. [Univ]
12. [Year] J.R.A.S. Vol. XXII, No. 3-4 (2001) pp. 131-144.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

A clinical trial with herbo-mineral combination of drugs viz., Mahayogaraj Guggulu, Vaiswanar Churna and Sinhanad Guggulu was carried out in 140 cases of Amavata (rheumatid-arthritis). The results seem encouraging as it is found that out of 97 cases who completed the course of treatment. 39 (40.02%) had good response (75% and above relief), and (30.92%) fair response (50%-74 relief). In this present scenario the treatment with above combination represents an alternative method of treatment for the disease which till now has eluded better solution. Here an attempt has been made to discuss the possible mode of action of the drugs based on ayurvedic pharmaco-dynamic principles.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***MANAGEMENT OF RHEUMATOID ARTHRITIS WITH SIDDHA DRUG COMBINATION – A CLINICAL TRIAL***
5	[ArtEqEng]	-do-
6	[NmeScholar]	A. Suresh, S. Rajalakshmi and G. Veluchamy
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Central Research Institute Siddha, Chennai – 600 106.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XVIII, No. 3-4, (1997) pp. 126-131
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Different types of joint disorders (Arthritis) are grouped under Kilvayu of Santhivadha soolai and dealt in detail by various Siddhars who lived in 6th century B.C. Pathinen Siddhars Athmarakshamirtham, Agasthiyar Guna Vakatam, Yugi Vaidya Chinthamani are some of the available literatures for reference regarding joint disorders and its management. Many patients attending Out Patient Department of Central Research Institute (Siddha), Chennai, complained of pain in one or more joints with swelling and morning stiffness, the cardinal symptoms of rheumatoid arthritis Since the present concept on etiopathogenesis of rheumatoid arthritis is based on immunologic derangements, a potent immunomadulant drug Amukkara Chooranam and an anti-inflammatory drug Linga

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Chendooram in combination was chosen to prove its therapeutic efficacy on 33 cases of rheumatoid arthritis who were screened and selected from the out patient department and admitted in the ward for irial. The result thus analysed revealed that 5(15.15%) cases were recorded as complete relief. Marked relief was observed in 13 cases (39.39%), mild relief was observed in 7 cases (21.21%) and no relief was observed in 3 cases (9.09%), while, 5 cases (15.15%) discontinued the treatment and noted as LAMA.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***ROLE OF VIRECHANA KARMA IN AMAVATA BY GANDHARVA HASTADI KWATHA***
5. [ArtEqEng]
6. [NmeScholar] M. Srinivasulu
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kayachikisa
10. [Insti] Govt. Ayurvedic Coliege, Hyderabad-500 038.
11. [Univ]
12. [Year] J.R.A.S. Vol. XIX, No. 3-4, (1998) pp. 132-138.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Samshodhana karma has got a vital role in curing and preventing the relapse of a disease. Among Samshodhana Karma Virechana Karma has got more importance in view of its easy administration through a natural way in a natural direction thus helping the nature to do its job. Amavata is one of the most crippling disease of the mankind in the world. The prime causative factor of Amavata is the formation of Amava at GIT. Where Virechana as Vishesha Rechana is the only method of eliminating toxic 'materials from GIT helping Vatanulomana. Thus Virechana, (a) helps in prevention of Sthanasamsrayam on one hand and withdraws the Dhatugata Ama into Kostam for further elimination, (b) regulates the Vagus inflow which can be taken as controlling of Samana Vata, is considered to be an important treatment of Amavata.

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Gandharva Hastadi Kwatha from Sahasrayogam have been selected for the purpose of Virechana karma.

60 cases of diagnosed Amavata were subjected to detailed history, clinical examination and laboratory investigations before and after treatment for a period of 21 days. The treatment and its effect was observed at various levels of the disease. The results were interpreted in terms of cure and relieved and followup was done upto 1 year. Since the results are positive, the role of Virechana Karma in Amavata is once again proven the concept.

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1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***STUDY OF AYURVEDIC DRUGS IN RHEUMATOID ARTHRITIS COMPARED TO AURANOFIN***
5.	[ArtEqEng]	
6.	[NmeScholar]	Chandrasekaran A.N. Porkodi R. Radhamadhavan, Parthiban M, Bhatt N.S.
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	Dept. of Rheumatology
10.	[Insti]	Madras Medical College and Govt. General Hospital, Madras.
11.	[Univ]	
12.	[Year]	The Indian Practitioner, June 1994 Vol. XLVII No. 6
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	In a randomized double blind clinical study two Ayurvedic drugs were compared for their DMARD potential with Auranofin in Rheumatoid Arthritis. 60 patients with definite RA were randomly allocated into Group A (Ayurvedic Drug), Group B (Rhumayog with Gold), and Group C (Auranofin) and studied for a period of 6 months. Clinical and laboratory parameters including Serum Gold levels were assessed periodically and analysed statistically by Wilcoxon's singned Rank Test and Friedman's Test for Trend. Female to male ration was 18:2, 17:3 and 18:2 and the average age in years were 39.15, 38.75 and 34.90 in respective groups.

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Group A drug showed a statistically significant improvement in Ritchie Index (0.006) duration of morning stiffness (0.008) platelet aggregation (0.19) sero conversion (0.012). Group B drug showed statistically significant improvement in Ritchie index (0.001) and platelet aggregation (0.000), no. of joints involved (0.000) duration of morning stiffness (0.013), walking time (0.020) and platelet aggregation (0.000).

It is concluded that there is a disease modifying effect in group A (Ayurvedic Drug) as in Auranofin.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***VATARI GUGGULU AND MAHARASNADI KWATHA IN THE MANAGEMENT AMAVATA – A CLINICAL STUDY***
5. [ArtEqEng]
6. [NmeScholar] G. K. Swamy and P. P. N. Bhattathiri
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Regional Research Centre (Ay.), IGMS Complex, Vijayawada.
11. [Univ]
12. [Year] J.R.A.S. Vol. XIX, No. 1-2, (1998) pp. 41-48
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Amavata or Rheumatoid arthritis is a systemic inflammatory disease which affects the joints. It is characterized by discomfort, pain, joint swelling, immobilization etc., ends up in deformities and contractures. This is an intriguing disease and challenge to clinicians and research workers.

Twenty two patients suffering from Amavata were given Vatari, Guggulu and Maharasnadi Kwatha internally for 3 to 6 weeks under the clinical research programme of Research Oriented O.P.D. Services. The results were assessed in terms of clinical recovery and functional improvement. Relief from Sula, Sotha and Jvara was statistically significant ($P<0.01$) and fall in ESR levels was highly significant ($P<0.001$). The results obtained by this treatment both on subjective and objective parameters were also statistically significant ($P<0.01$).

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***FURTHER STUDIES ON THE ANTIARTHRITIC EFFECT OF AN INDIGENOUS DRUG DALBERGIA LANCEOLARIA***
5. [ArtEqEng]
6. [NmeScholar] H. Singh and G. N. Chaturvedi
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kaya Chikitsa
10. [Insti] Post-Graduate Institute of Indian Medicine
11. [Univ] College of Medical scinces, Banaras Hindu University, Varanasi.
12. [Year] Ind. Jour. Med. Res., 54, 4, April 1966, pp. 363-367
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Dalbergia Lanceolaria Gaurakha has been in vogue for the treatment of all types of arthritic conditions in villages around Varanasi city. It has been traditionally used by the villagers for several years with many claims about its efficacy. Therefore, its use. With this idea this drug was included in the experimental screening programme (Chaturvedi and Singh, 1965) and was reported to have some antiarthritic effect. In addition, a controlled clinical trial of this drug in a crude oral form in a good number of cases of rheumatoid arthritis, has shown encouraging results (Tripathi et al., 1965).

Forty-two male, young growing albino rats of CMScV strain, weighing between 100g. and 120 g. each, were taken. These

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animals were divided in six groups, namely (1) control, (2) treated with cortisone acetate, (3) treated with petroleum ether extract (D.L.), (4) treated with etherial extact (D. L.), (5) treated with alcoholic extract (D.L.)., and (6) treated with watery extract (D.L.).

Different extracts of Dalbergia lanceolaria have been tested for their antiarthritic activity against formaldehyde-induced arthritis in rats. Some degree of antiarthritc activity has been observed in etherial, alcoholic and watery extracts of the drug.

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1 [ArtID]

2 [FolNo]

3 [SlNo]

4 [ArtTitle] ***RASAYANA EFFECT OF ASHWAGANDHA GHRITA BASTI IN BONE DEGENERATION (ASTHIKSHAYA) – A CLINICAL STUDY***

5 [ArtEqEng]

6 [NmeScholar] Maya Kuchar and P. Yadaiah

7 [NmeGuide]

8 [NmeCoGuide]

9 [Dept] Department of Kayachikitsa

10 [Insti] R.T. Ayurveda college, Akola-444 005.

11 [Univ]

12 [Year]

13 [EnNo]

14 [Lang] English

15 [Study]

16 [SubStudy]

17 [AnyOther]

18 [Abst]

Ayurveda like other systems of medicine has its unique feature. It lays more emphasis on the promotion of the positive health and prevention of diseases. Hence, it dealt about the various means, methods, do's, do not do's, and regimen for maintenance of healthy and prosperous life. Today's modernization has led to faulty diet habits, suppression of natural urges, bad postures, change in lifestyle which is totally different from that of ideal one, lead to ends in vitiation of Vata Dosha. Again with proceeding age, impact of Vata is more and elderly people are often medicated with multiple drugs because of variety of problems. Excessive use of drugs like steroids and all above factors deteriorates bone tissue.

In day to day practice we come across several problems related

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to bone degeneration. Initially, patient comes with simple pain but after radiological investigations following changes are seen:

1. Bone ageing, osteoporesis, osteomalacia.
2. Subchondral scelerosis.
3. Intra osseous cyst.
4. Irregularity of articular surface and alteration of joint spaces.
5. Marginal osteophytes
6. Soft tissue swelling and calcific deposits.
7. Degenerative changes in intra vertebral disc.

Sometimes, these radiological changes do not correlate with symptoms. So, proper management is required to prevent further deterioration hence the emphasis has been made to prevent the degenerative changes and if possible reverse the process, so that better quality of life can be provided and to find out immuno modulator effect of Ashwagandha ghrit particular to bone tissue.

Total 30 patients were studied in this trial and divided equally into two groups, group-A and Group-B. For group-A- patients Snehana and Sweadana were given for six weeks and Aswagandha ghrita vasti was given during the second week only. For Group-B patients Aswagandha ghanavati was given for 6 weeks.

As per pain scale applied it was noticed that pain was reduced in Grop-A i.e before treatment 4.8 and after treatment 2 whereas in Group-B it was 4.9 and 2.5. The degenerative changes found in patients after study it has been seen subchondral sclerosis and size of osteophyte reduced and joint space increased. There is marked improvement in stiffness and swelling in groupa patients than Group-B patients. 13 patients of Group-A have shown increased sleeping time after giving Aswagandha ghritabasti.

In Group-A, complete relief was seen in 2 (13.33%) patients, marked relief was seen in 3 (20.00%) patients, moderate relief

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was seen in 6 (40.00%) patients and mild relief was seen in 4 (26.66%) patients. in Group-B, complete relief was seen in 1 (06.66%) patients, marked relief was seen in 4 (26.66%) patients, moderate relief was seen in 2 (13.33%) patients and mild relief was seen in 8 (53.33%) patients.

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1. [SamSize]
2. [ArtID]
3. [FolNo]
4. [SlNo]
5. [ArtTitle] ***EXPERIMENTAL STUDIES ON THE ANTIARTHRITIC EFFECT OF CERTAIN INDIGENOUS DRUGS***
6. [ArtEqEng]
7. [NmeScholar] G. N. Chaturvedi and R. H. Singh
8. [NmeGuide]
9. [NmeCoGuide]
10. [Dept] Department of Kaya Chikitsa (Internal Medicine), Post-Graduate institute of Indian Medicine.
11. [Insti] College of Medical Sciences
12. [Univ] Banaras Hindu University, Varanasi – 5.
13. [Year] Ind. Jour. Med. Res., 53, 1, January, 1965, pp. 71-80.
14. [EnNo]
15. [Lang] English
16. [Study]
17. [SubStudy]
18. [AnyOther]
19. [Abst] Fifteen indigenous drugs very commonly used in the indigenous medical practice for arthritis and the like diseases were screened for their action in experimental arthritis produced by formaldehyde injection.

    Gourakh, Bala, Rasna, Gandha Prasarini and Nirgundi were found to prevent the development of swelling of joints in experimental arthritis. They showed significant difference.

    The two modern drugs, Cortisone and Butazolidine, showed definite evidence of prevention of the joint swelling. Action of soda salicylas was of minor significance.

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The action of the above-mentioned effective indigenous drugs is to be confirmed by different methods in different available experimental models, and further phytochemical and pharmacological studies on these drugs are in active process.

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1.	[SamSize]	
2.	[ArtID]	
3.	[FolNo]	
4.	[SlNo]	
5.	[ArtTitle]	***INHIBITION OF FORMALDEHYDE INDUCED ARTHRITIS BY CERTAIN INDIGENOUS DRUGS***
6.	[ArtEqEng]	
7.	[NmeScholar]	R. H. Singh and G. N. Chaturvedi
8.	[NmeGuide]	
9.	[NmeCoGuide]	
10.	[Dept]	Department of Kaya Chikitsa (Internal Medicine), Post-Graduate institute of Indian Medicine.
11.	[Insti]	College of Medical Sciences
12.	[Univ]	Banaras Hindu University, Varanasi – 5.
13.	[Year]	Ind. Jour. Med. Res., 54, 2, February, 1966, pp. 188-195
14.	[EnNo]	
15.	[Lang]	English
16.	[Study]	
17.	[SubStudy]	
18.	[AnyOther]	
19.	[Abst]	Formaldehyde induced arthritis has been found to be a good experimental model for testing anti-inflammatory drugs. Measurement of the size of the ankle joints and the limb volume studies seem to be useful ways to assess the effect of drugs on experimental arthritis in animals. Out of fifteen indigenous drugs already screened, Gandha Prasarini, Bala, Rasna and Nirgundi were reported to be anti-arthritic. These effective drugs have further been studied and their action has been compared and confirmed. All these drugs have been found significantly effective. On comparative study Bala and Gandha Prasarini, seem to be more efficacious than the remaining drugs.

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1.	[SamSize]	
2.	[ArtID]	
3.	[FolNo]	
4.	[SlNo]	
5.	[ArtTitle]	***STUDIES ON THE ANTI-INFLAMMATORY ACTIVITY OF A PHYTOGENIC PRINCIPLE OF DALBERGIA LANCEOLARIA***
6.	[ArtEqEng]	
7.	[NmeScholar]	S. N. Tripathi and P. Kishore
8.	[NmeGuide]	
9.	[NmeCoGuide]	
10.	[Dept]	Department of Kaya Chikitsa (Internal Medicine), Post-Graduate institute of Indian Medicine.
11.	[Insti]	College of Medical Sciences
12.	[Univ]	Banaras Hindu University, Varanasi – 5.
13.	[Year]	Jour. Res. Ind. Med. 1, 2. 1967
14.	[EnNo]	
15.	[Lang]	English
16.	[Study]	
17.	[SubStudy]	
18.	[AnyOther]	
19.	[Abst]	

A phytogenic principle obtained from Dalbergia lanceolaria has been tested for its anti-inflammatory property, both experimentally and clinically. Experimental study has been carried out on 120 albino rats, carrageen in induced hind paw oedema and formalin arthritis has been used as experimental models. About 50% inhibition of swelling has been observed in the carrageenin model and about 30% in the formalin experiment. The results have shown that the principle is more effective on acute inflammation. Preleminary posological and toxicological studies have also been carried out with a finding of 5 mgs of maximum effective dose and 4.3 mgs. As E. D.

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50. No acute or subacute toxic manifestations were noted.

In the clinical study four patients of rheumatoid arthritis in different stages have been treated with this principle in the dose of 20 mgs intramuscularly daily for 10 days. Sufficient clinical improvement has been observed. Further investigations related to the chemistry, pharmacology, experimental studies and controlled clinical trials of the drugs have been suggested.

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1. [SamSize]
2. [ArtID]
3. [FolNo]
4. [SlNo]
5. [ArtTitle] ***ANNANASE INDUCED DEGENERATIVE ARTHIRITIS AND THE EFFECT OF AN INDIGENOUS DRUG***
6. [ArtEqEng]
7. [NmeScholar] G. C. Prasad and R. H. Singh
8. [NmeGuide]
9. [NmeCoGuide]
10. [Dept] Post-Graduate institute of Indian Medicine and Surgical research Laboratory.
11. [Insti] College of Medical Sciences
12. [Univ] Banaras Hindu University, Varanasi – 5.
13. [Year] Ind. Jour. Med. Res., 57, 6, June, 1969, pp. 1095-1102
14. [EnNo]
15. [Lang] English
16. [Study]
17. [SubStudy]
18. [AnyOther]
19. [Abst]

Annanase induces degradation of the articular cartilage with minimal systemic affections.

The annanase-induced-joint lesions simulate osteo-arthritis and present a simple and conveniently reproducible experimental model for laboratory study on degenerative joint disease.

Among the systemic changes during the induction of annanase arthritis a significant rise in the sialic acid level and decrease in uric acid in the blood has been noted.

The indigenous drug Paederia foetida has shown possible inhibitory effects on the annanase-induced lesion.

These observations have been confirmed in vitro studies which indicate cortisone like activity in the drug, Paederia foetida.

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1.	[SamSize]	
2.	[ArtID]	
3.	[FolNo]	
4.	[SlNo]	
5.	[ArtTitle]	***DEVELOPMENT AND STANDARDIZATION OF A NEW APPARATUS FOR ACCURATE MEASUREMENT OF SWELLING IN PAW OF SMALL LABORATORY ANIMALS***
6.	[ArtEqEng]	
7.	[NmeScholar]	R. H. Singh and S. P. Mourya
8.	[NmeGuide]	
9.	[NmeCoGuide]	
10.	[Dept]	Surgical Research Laboratory
11.	[Insti]	Institute of Medical Sciences
12.	[Univ]	Banaras Hindu University, Varanasi.
13.	[Year]	Ind. Jour. Med. Res., 60, 3 March 1972, pp. 488-490
14.	[EnNo]	
15.	[Lang]	English
16.	[Study]	
17.	[SubStudy]	
18.	[AnyOther]	
19.	[Abst]	As pointed out earlier a number of devices have been reported in the past for measuring the limb volume in animals. The apparatus described in the present communication appears to be superior to all such existing devices in many respects. Firstly, the handling of this assembly is very much convenient. It can be used single handed and in contrast to other devices the assistance of a second person is never required. The recording is considerably accurate and due to the use of mercury the problems of and errors arising due to the sticking of the volume measuring fluids are naturally avoided. This apparatus, if once assemble, can be a permanent equipment

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for this purpose. The use of mercury makes it a little costly apparatus but there is no loss of this mercury and the same mercury can be used for any other purpose after use in the apparatus. The cost of rest of the assembly is negligible.

This apparatus was found accurate and quite convenient in use. The measurements could be carried out single handed and no assistant was required. The observations on the normal paw volume in young adult albino rats showed a recordable variation in the animals of the same age and body weight, however, the pooled data, showed a statistically significant positive correlation between paw volume and body weight ($r=0.408$) in Graph.

The rat paw volume when recorded at the end of third hour of carragheenin infusion under the planter aponeurosis exhibited a marked rise. The inflamed paw volume significantly was more than the normal paw volume ($P<0.001$). The normal: inflamed paw volume ratio at this particular time interval was 1.0:1.8.

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4.9. METABOLIC AND ENDOCRINE DISORDERS

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	144
4	[ArtTitle]	***A STUDY ON GULMA IN RELATION TO MALIGNANCY***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Pawan
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The present study was undertaken to identify various types of Gulma, as described in Ayurvedic texts, and to correlate with possible swellings in Kostha (abdomen). This study was based on Ayurvedic classification and examination to correlate with modern parameters e.g. histopathological, haemotological, radiological and biochemical examinations. For this purpose 30 cases of Gulma were selected and studied. It was concluded that all types of Gulma can be classified in four headings of intra-abdominal swellings i.e. inflammatory, benign, malignant and cystic. These observations were confirmed by laboratory and radiological investigations and also by exploration of abdomen. The maximum of female patients between 40 to 50 years were malignant and maximum cases were of digestive or hepatobilliary origin.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1307
4	[ArtTitle]	***STUDY ON ANTI CANCER ACTIVITY OF SEMECARPUS ANACARDIUM ON LINN***
5	[ArtEqEng]	
6	[NmeScholar]	V.K.Joshi
7	[NmeGuide]	G.C.Pant, P.V.Sharma
8	[NmeCoGuide]	R.K. Tiwari
9	[Dept]	Department of Dravyaguna
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Dravyaguna
17	[AnyOther]	
18	[Abst]	In Ayurveda Bhallataka (Semecarpus anacardium) is prescribed in probable Cancerous conditions i.e. arbuda, granthi, gulma, plihavikara, tilakalaka, yoni dosa etc. it is used either externally in the form of paste in combination with other drugs or internally as a single drug or compound with other drugs. In experimental study rabbits, albino rats and mice were taken as experimental animals for haematinic, anti inflammatory, anti bacterial activities, qualitative iron test and acute toxicity study. Significant rise in Hb% was found in Bhallataka treated group, no significant anti inflammatory and anti bacterial activity was found. LD50 was observed to be 900 mg/kg by oral administration and 700 mg/kg by intraperitoneal administration. The clinically used maximum dose was 400 mg/kg/day. For clinical study 80 women with histologically proved carcinoma

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of the cervix selectively stage III B and IV A were included. The initial dose of 200 mg first day was given up to tenth day. 200 mg drug per day was increased till the total dose reached to 2000 mg/day in divided doses. In standard treated group cyclophosphamide was given 20 mg/kg body wt. up to a max. of 1 gm by intravenous infusion with 500 ml of 5% dextrose solution in 3 hours time daily for 5 days.

Symptomatic improvement in the form of control in prevaginal bleeding discharge, Pain in lower abdomen and back etc. found in both Bhallataka treated group and cyclophosphamide group. Hb% was found raised in drug treated group in about 80% cases, while none was found with increase Hb% in cyclophosphamide treated group. Regression of growth was much more marked 70% in cyclophosphamide treated group, while in drug treated group it was 35%.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	17
4	[ArtTitle]	***CANCER AND CERTAIN SYSTEM DISORDER PATIENTS: A SOCIOLOGICAL STUDY WITH REFERENCE TO SOCIAL ATTRIBUTES ABO BLOOD GROUPS AND ANXIETY PATTERNS***
5	[ArtEqEng]	
6	[NmeScholar]	Srishti Shukla nee Srishti Nautiyal
7	[NmeGuide]	Prof.R.H,Singh
8	[NmeCoGuide]	Prof.S.Tripathi
9	[Dept]	Dept. of Sociology
10	[Insti]	Faculty of social sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1992
13	[EnNo]	206180
14	[Lang]	English
15	[Study]	Ph.D. in Sociology-Anthropology
16	[SubStudy]	Sociology
17	[AnyOther]	
18	[Abst]	The present multi dimensional exploratory study, where an interdisciplinary approach has been adopted was initiated keeping in mind that physical ailment is just not a biological phenomenon but also a social reality. Sociological factors like age, sex, occupation, way of living, food habits etc. have a great bearing in causation of various ailments in man. On the other hand there is no denying that genetic predisposition also has a role to play in the precipitation of disorder. Physical ill health results in disturbed mental state, it was therefore considered desirable to study the anxiety patterns amongst the ailing patients. After all, the humane factor is of prime importance to a social scientist. The basic purpose of the present study was to explore sociologically relevant features related to malignancy (Cancers of various sites and types) and different disorders in different biological systems (i.e. diges-

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tive system, respiratory system and nervous system). In brief the main objectives of the present study are as follows: To identify association of socio-demographic variables and life style to concerned disorder groups, to find the association of a genetic variable i.e., A, B, AB and O blood groups to malignancy and concerned disorder groups and to study the psycho social aspect of the patients, by investigating anxiety patterns, i.e. levels of 'State' 'Trait' and 'Free floating' anxiety with reference to disorders and some social attributes. For the purpose of the first two objectives purposive random selection of indoor patients from two hospitals in Varanasi and one from Rourkela, Orissa was done. In all data was collected from 462 patients out of which 150,169, 100 and 43 were suffering from cancer, D.S.D.,R.S.D., and N.S.D. respectively. The investigation on the psycho social aspect could be conducted on only 152 patients. The non-literate and some literate patients in unfit physical and mental State could not fill in the elaborate anxiety scale and hence had to be excluded from the study on the anxiety patterns. The present study is based on a systematized composite of interview; standardized anxiety scale, medical reports and case studies. ABo blood grouping of 340 randomly selected apparently healthy individuals was done. Further information was gathered in an interview schedule. This was done for comparisons of blood groups and life style of patients belonging to different disorder groups to the apparently healthy individuals. Some of the healthy individuals were asked to fill in the anxiety scale for the comparisons of the three anxiety levels with the ailing patients. In the present study over 200 correlations were studied (see chapters – 4,5,6 and 7). A screening out was done to demarcate prominent correlations. This approach has brought out some interesting results as a reward. Some broad conclusions derived from the present study are being presented herewith. Cancer was observed to be more common in females in general and in married, non-literate women with poor economic standing in particular. Malignancy in the reproductive organs was highly prevalent in females but rare amongst males. The age group 40-55 years was most susceptible to cancer in both the sexes. Digestive system disorder was observed to be highly prevalent in farmers. The habit of regular alcohol consumption seems to be associated with digestive disorders. Respiratory disorders were highly prevalent in males, especially amongst farmers and laborers. Poor economic state, habit of regular alcohol consumption and tobacco smoking seems to be associated to respiratory dis-

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orders. Relatively very few females were seen to be suffering from respiratory disorders and most of them belonged to the age group 26.40 years. In the present study most of the male and all the female Nervous system Disorder patients were below 25 years of age. The Muslims represented 9.30% of the total cases of this disorder group which is relatively a high percentage in comparison to their representation in other disorder groups. It is difficult to assess whether this is a matter of change or it is because of some genetic or socio cultural factor or both. In the present study correlation between blood group with cancer and respiratory system has been found to be statistically significant, whereas no correlation of blood group with disorders of the Digestive system and Nervous System was observed. Findings related to the Psycho social aspect show that patients of all the disorder groups suffer from statistically significant higher levels of all the three anxiety types in comparison to the control group. The study of anxiety patterns amongst the patients with reference to some social attributes reveals that patients of all categories suffered from statistically significant higher levels of anxiety in comparison to the respective control group. Similarly some comparisons have been made on the anxiety patterns amongst patients suffering from different disorders and also in case of those with different social attributes. Some comparisons have yielded highly statistically significant differences.The Scope of the Present Study: Many studies have been done on the distribution of single disease like tuberculosis, polio etc. with reference to various sociological and genetic variables but prevalence of various disease related with a particular anatomical system as a whole and malignant tumors in general has not passed through preview of the research scholars study, as such the sort of work done may be taken as probably the first of the kind. The present study provides certain pointers on the difference in disorder distribution in the population studied. The study on the anxiety patterns is indicative of high correlation with some social attributes. Therefore findings are of sociological significance. This is not a conclusive study but only an effort for investigating the possibility of improving the applied utility of sociology which may help in the development of a healthy and therefore more useful society for a developing country like ours. It is hoped that this study may open new vistas of research which might broaden the scope of study of sociology.

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2	[FolNo]	10
3	[SlNo]	10
4	[ArtTitle]	**CRITICAL APPRAISAL OF LEUKEMIA IN AYERVEDA (A CLINICO-PATHOLOGICAL STUDY)**
5	[ArtEqEng]	
6	[NmeScholar]	Pradeep Kumar Pande
7	[NmeGuide]	Prof. Divakar Ojha
8	[NmeCoGuide]	Dr. J. Shukla
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1991
13	[EnNo]	201774
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	From this study, it can be concluded that the knowledge and management of the disease Leukemia was well known to ancient physicians. Though the name Leukemia is not found in Ayurvedic literature but diseases having similar signs and symptoms to those of Leukemia has been described in different Ayurvedic texts in various contexts. The concept of Dosha, Dhatu, Srota, Ama, Agni, Kriyakala refer to a unique approach of Ayurveda to the understanding of the disease process of Leukemia. The formation of Rakta, mainly depends upon the Rasa dhatu, Ranjaka Pitta, Rakta Dhatwagni in different stages. Sarakta medas (red bone marrow), Yakrit (liver), Pleeha (spleen) and Amasaya (stomach) help as site and store house of Rakta. The mentioned five diseases i.e., Rakta dusti, Jeerna jwara, Pleehodara, Yakriddalyudara and asadhya Pandu are similar with

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the different stages of myelodysplastic syndrome (pro-leukemia), Leukemia and complication stage of Leukemia. The prevalence of Leukemia is more found in male patients than female and persons of Pitta Kaphaja Prakriti are more prone to develop Leukemia than persons of other Prakriti. The season of Sarata helps for the initiation of Leukemia.

The clinical findings of Leukemia are weakness, fatigue, loss of appetite, fever, pallor and hepatosplenomegaly are mainly found in different types of Leukemia which are also manifested in the above five correlating diseases.

In this study, 40 cases of different types of Leukemia have been taken for aetiopathological study. Guduchyadi Yoga has been started as trial drug for 6 months in group A, in Group B chemotherapy as control drug and mixed drug treatment has been tried in group C pts.

It is observed that Guduchyadi yoga may be helped to increase the Hb% and can reduce TLC and precursor cells (promyelocyte and metamyelocyte) in some extent. The mixed treatment is more helped to reduce the TLC but Hb% is increased in little. It also helps to reduce precursor cells (metamyelocyte) of myeloid series. The chemotherapy does not show such result but clinically patients are improved.

So the combined use of ayurvedic drug with chemotherapy has better efficacy on haematological, clinical as well as in precursor cells. Hope this combined therapy may help in some extent to eradicate the present situation of unsatisfactory treatment and present crisis of Leukemia disease.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	121
4	[ArtTitle]	***ESTIMATION OF SERUM G. A. D. UNDER THE ENFLUENCE OF ANTI-CANCER AYURVEDIC COMPOUNDS***
5	[ArtEqEng]	
6	[NmeScholar]	B.L. Khanna
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The primary idea of the present study is to find out the efficacy of an Ayurvedic Compound in cancer patients and the relation of Prakriti with cancer. The criterion for drug selection is based on previous works which includes a combined Ghanasatva of Bhallataka, Rohitaka and Yastimadhu in specific concentrations. The dose was 1.5.gm/day in two divided doses. Clinical study was done on 100 cases of cancer of different types. The patients were divided in 6 groups - chemotherapy, chemotherapy + radiation, chemotherapy + drug, radiation + drug, chemo+radiation+drug & only drug. The patients were suggestive of lower GAD levels. This decreased GAD activity has responded parallel with the clinical improvement of different types and stages of treatment.

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Out of various permutation and combination of treatment it has been found that maximum response and longevity with minimum mortality was observed, where ever this Ayurvedic compound was administered in combination with known chemotherapy. However, still it is a matter of further study to find out its efficacy in particular type of malignancy and the mechanism of action in relation to the energy metabolism of amines & its enzymes like GAD.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	06
4	[ArtTitle]	***ROLE OF INDIGENOUS DRUGS IN THE MANAGEMENT OF STANARBUDA***
5	[ArtEqEng]	
6	[NmeScholar]	Arvind Kumar Gupta
7	[NmeGuide]	Dr. G. C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Dept. of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1992
13	[EnNo]	175183
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Stri roga
17	[AnyOther]	
18	[Abst]	**'Stanarbuda'** has been considered as a rounded, slow growing, fixed, slightly painful, large, deep seated usually non-suppurating, fleshy mass of Stana (breast) and may be correlated with its modern counterpart, breast tumor, on the basis of descriptions, available in different Ayurvedic classics and modern literatures. In view of clinical presentations (Lakshana), prognosis (Sadhyasadhyata) and course of treatment (Chikitsa), depicted in various literatures, Stanarbuda may be benign (Sadhya) or malignant (Asadhya) in nature. Stanarbuda of malignant nature, diagnosed clinically as well as proved histopathologically, closely resembles with Breast Cancer, which has been included in the treatment part of this problem, since this clinical study is limited only to it. Being a global problem, enormous literatures on day to day research and multidimensional approach in the field of its management are available in modern medical science. However, with an ageing world population and

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increased exposure to various carcinogenic hazards i.e., chemical, radiological and virological, Cancer has become and will continue, to be an increasing public health problem. Despite the public awareness and recent advancement, in the field of various methods and modalities of diagnosis and treatment, Breast Cancer has been continued to be a challenge, to the medical scientists and clinicians, since in India more than 50 percent patients having this problem, attend the hospital, when disease has advanced. In spite of significant advances in the field of surgery, chemotherapy and radiotherapy, in the management of Breast Cancer, the results are still far from satisfactory. It often observed that many patients, though treated early, still have a poor prognosis. In many areas of the world, especially in India, radiation therapy is not currently available to common public population. In addition, hazards and toxicity of specialized facilities, in which surgery, chemotherapy or radiotherapy, can be provided to the patients of mammary carcinoma, is sufficiently high to make the management, very difficult, including a matter of extreme financial burden. Thus there is a great need to search out the source of light, available in the field of Ayurveda, regarding the concepts and management of asadhya Stanarbuda the so called breast Cancer, suitable for the suffering humanity of our own community, having effectiveness, free availability, low cost, less toxicity and minimizing hazards.Since the disease, breast Cancer as such, does not exist in any Ayurvedic classic, its management may be summarized as the relative disease asadhy Stanarbuda, for which a number of drugs along with other measures of management, have been enumerated by different ayurvedic authors, charaka, sushruta and vagbhatta. In present clinical study, attempts have been made to discuss the probabilities of its occurrence samprapti (aetiopathogenesis), given in Ayurvedic texts. Besides, a compound of Ayurvedic drugs i.e., Bhallataka, Rohitaka and Yashtimadhu either alone or in combination to other anti Cancer therapies, has been tried in the management of this disese, which is based on the successful studies on these drugs, in the management of Arbudas and its relative disease Cancer by previous workers of the department (Prasad et al., 1968; singh, 1974); Singh and Gupta, 1974; Sahu, 1980; Khanna, 1981; Bhadauria, 1982; Parmar, 1983; Sharma, 1985; Sahu, 1986). In present clinical study 130 cases of different types

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of Stanarbuda were registered, in which 30 cases were of begin nature. The cases were registered, in which 30 cases were of benign nature. The cases were registered in a specific proforma TUMOUR BOARD specially designed by our department. To arrive at a correct diagnosis, Tumour Board, which includes all the ancient as well as modern methods of examination and to cover all the common possibilities of suspected lesions; was rigidly followed in all the cases. In most of the cases, provisional diagnosis was made on the basis of F.N.A.C. however; the final diagnosis was confirmed by histopathological study of the tumor tissue. 100 cases of malignant Stanarbuda (breast Cancer) were divided into following seven groups: (I) Radiotherapy alone; (II) Radiotherapy + Drug; (III) Chemotherapy + Radiotherapy; (IV) Chemotherapy alone; (V) Chemotherapy + Drug; (VI) Chemotherapy + Radiotherapy + Drug; (VII) Drug alone. Specific treatment was offered to each patient in view of histopathological type and stage of the disease in consultation with department of Radiotherapy. The cases were followed up after a definite interval and were analyzed. Observations were compared on different parameters to evaluate the response and efficacy of the drug.OBSERVATIONS AND RESULTS Out of 130 cases of various types of Stanarbuda, maximum incidence was observed in the age groups of 31-50 years, having poor or middle socio-economic status and of rural habitat. Females in their post-menopausal phase and having 3 or less children were observed more prone to develop this disease. Maximum patients presented within 18 months of appearance of symptoms, with clinically palpable lymph node (ipsilateral) and skin involvement. Disease is more common in Kaphaja Deha-Prakriti patients, whereas majority of the patients were reported with malignant Stanarbuda. Infiltrating duct carcinoma was found most common histopathological type of Stanarbuda (breast Cancer) with maximum involvement of upper outer quadrant of right breast. Most of the patients reported in our series, were in advance stages of disease. The observation reveals that significant gain in body weight was found in all patients of drug added treatment groups whereas in increase in Haemoglobin gms per cent, was observed in the patients who received compound Ayurvedic drug alone or in addition to other known anti-Cancer therapies. Similarly serum protein level was noted improved in almost all the

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drug supplemented treatment modalities including a decline in serum alkaline phosphatase level and approaching its normal value. Cases were followed up regularly and response of the therapy along with their performance status was evaluated and compared with pretreatment values. Response of the treatment reveals that survival rate as well as survival period was better in the treatment group, where patients received chemotherapy + Drug. However, patients of Kaphaja Deha prakriti were reported having maximum survival period. The mean survival period was observed comparatively longer in patients of Kaphaja deha-prakriti. While analyzing the mortality, maximum incidence were reported during the follow up period of 2-3 years whereas recurrence was observed more common with 2-3 years of follow-up period. On the basis of these observations and consistent with the previous studies, the present study enables us to conclude as follows:Stanarbuda may be considered as Breast Cancer which may be of benign or malignant natureMalignant Stanarbuda are Breast Cancer, which is more common in the patients of kaphaja deha prakriti with the involvement of Mamsa Dhatu predominantly.The disease is more common in the age group of 31-50 years especially in females of poor or middle socioeconomic status and rural habitat.The Compound Ayurvedic drug may be considered as an adjuvant therapy, alone or in combination with chemotherapy, radiotherapy or chemotherapy + radiotherapy.The drug not only improves the haematological and biochemical values of the patients but also provide them a better and safe increase in their longevity.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	60B
4	[ArtTitle]	***MANAGEMENT OF ARBUDA (CARCINOMA) WITH SPECIAL REFERENCE TO KANCHANARU GUGGULU AND MADHUSHUHI RASAYANA.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. N.V.Krishnamurthy
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr. Narasimha
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Arbuda is one of the most formidable disease on the earth. That has been baffling the effort of medical profession through out the world. For the clinical trial 60 patients were selected based on symptoms. The assessment criteria being Symptomatology, the total score of individual lakshanas before and after the treatment was obtained and analysed. In the study the incidence of Arbuda was found more in persons over 40 years of age. Among 60 patients, 36.66% were suffering from Arbuda in stana, 23.33% from Arbuda in garbhasaya greeva, 3.55% from Arbuda in anna nalika, 8.33% in gala, 3.33% in Guda, 1.66% in Parushaka Granthi.

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It was observed that the incidence of Arbuda was found more in females that too in the breast and cervix.

3 grams of Kanchanaru Guggulu and 12 grams of Madhu Snuhi rasayana were given with milk as anupana. Among 60 cases, 3.33% were relieved, 6.66% were improved marleedhs, 63.33% were moderately improved and 6.66% had no improvement.

It can be started from the above statistics that a total cure was not possible. This may be due to the reason that the cases reported had surpassed the second stage. Still the pain and discomfort was found to be reduced to a great extent.

The whole study does not claim any supremacy in the management of Arbuda. In view of the high percentage of moderately improved results and also the relief given by the treatment, it could be concluded that Madhusnuhi Rasayana and Kanchanaru Guggulu combined can be an effective therapy. The life expectants can be improved by Ayurvedic management. None of the patients deteriorated by adopting the therapy and also secondaries were very minimal. It can be said that the therapy is palliative and arrest the secondaries. The study is just a beginning and should not be taken as an extensive study.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	124
4	[ArtTitle]	*Y-AMINOBUTYRIC ACID (G A B A) LEVELS IN CANCER UNDER THE INFLUENCE OF INDIGENOUS DRUGS*
5	[ArtEqEng]	
6	[NmeScholar]	J.S. Bhadauria
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	

In this study an attempt is made to explore the incidence of cancer in relation to Prakriti and Dosha and Dhatu involved. Besides this the efficiency of an indigenous drug was also evaluated in relation to response of GABA activity. 150 patients were selected for trial in this study and the diagnosis was made on different bio-chemical (G.A.B.A.), histological and laboratory investigations, besides clinical examination.

The indigenous drug for clinical trial was combined Ghansatva of Bhallataka, Rohitaka and Yastimadhu in capsule form and compared with radiation and chemotherapy treatment. The results obtained can be concluded that drugs seem to be effective in improving the general consideration of the patients, reducing morality and increasing the longevity without any toxic effect.

It was also deserved that the prevalence of cancer was found in Kaphaja Prakriti patients than Vataja and Pittaja.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	54
4	[ArtTitle]	***A CLINICAL STUDY OF AN INDIGENOUS COMPOUND ON MADHU MEHA WITH SPECIAL REFERENCE TO DIABETES MELLITUS***
5	[ArtEqEng]	
6	[NmeScholar]	Mani Raj Singh Sengar
7	[NmeGuide]	Dr. M.D. Shukla
8	[NmeCoGuide]	C.B. Dube
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1979
13	[EnNo]	B.Y.39
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	A comprehensive study MADHUMEHA with special reference to Diabetes Mellitus and its treatment with Fatarikadi Ghana Bati (F.G.B.) are the salient features of the thesis. Whole of the thesis has been divided into four parts.

1. **Literary part.**
2. **Clinical Part.**
3. **Summary part.**
4. **Appendicular part.**

LITERARY PART: In this part of the thesis proved and historical evolution of MADHUMEHA and Diabetes Mellitus has been discussed. It has also been tried to correlate MADHUMEHA with Diabetes Mellitus. Pertinent literature including definication,

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aetiology, pathology clinical manifestations, complications, pathological investigations, diagnosis and latest trend of treatment has been discussed separately.

It has been tried to correlate MADHUMEHA with Diabetes Mellitus. Symptoms of MADHUMEHA are very much similar to Diabetes Mellitus by which we have tried to conclude that there is much similarities between MADHUMEHA and Diabetes Mellitus. In pathogenesis of MADHUMEHA, VAYU is a potent causative factor. MADHUMEHA (Diabetes Mellitus) is also a genetic disease. We can easily conclude that PRAMEHA is TRIDOSHAJA VYADHI & Falatrikadi is only KWATH has been advocated for all the three varieties of PRAMEHA by CHRAKA hence this KWATH has been tried and found hypoglycaemic in mild MADHUMEHA cases.

CLINICAL PART: In the present study FALATRIKADI GHAN CATI has been evaluated for its action on MADHUMEHA (Diabetes Mellitus).

It has been indicated in CHARAKA SAMHITA, YOGA RATNAKAR and BHAISAJYA TATNAVALI for MADHUMEHA.

15 cases of Diabetes Mellitus have been registered but only 13 cases of diabetes mellitus have been studied. The Falatrikadi Ghana Bati has shown a good response in all cases of Diabetes Mellitus.

The following cases were noted:

1. Male were predominant in the present study with age group of IV, V & VI decades of life.
2. Majority of the cases belonged to urban area and Hindu population.
3. Duration of the illness was found from 2 years to 10 years.
4. Polyuria, polydiapsia, were the main symptoms of the disease and other features like chest pain, pain in lower limbs, hyperacidity, polyphagia, burning on the sole and palm, headache, constipation were noted in Diabetes Mellitus.
5. Eleven patients were improved while 2 patients. Have not responded.

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6. Complications, side effects were not found in any case.
7. The patients were studied for one month with Falatrikadi Ghana bati.

STATISTICAL ANALYSIS

From the statistical analysis presented in the table no. 18, we may conclude that the drug has no initial statistical significant effect (say up to 6th week after the treatment) but during the 7th and 8th week it concluded that though the 't' test value after treatment was found greater than the statistical value of 't' at 5 % level of significant change.

Finally it was found that the drug has significant effect on MADHUMEHA (Diabetes Mellitus) patients in the 7th and 8th weeks of treatment.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	31
4	[ArtTitle]	***A CLINICAL TRIAL OF SOME INDIGENOUS DRUGS IN THE TREATMENT OF DIABETES MELLITUS***
5	[ArtEqEng]	
6	[Nmescholar]	Tripathi. H.N
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1984
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The object of the present work was to have a clinical study of diabetes mellitus and also to make a comparative study of the clinical efficacy as well as hypoglycemic action of the seeds powder of jambu (Eugenia jambolana) and wood powder of Darruharidra (Berberis aristata) in type II diabetes mellitus. A series of 87 cases of diabetes mellitus were registered for clinical study. The drug trial was conducted in two groups 51 cases of uncomplicated, non insulin dependant diabetes were subjected to Jambu and 16 cases to Daruharidra. These two drugs were given in dosage of 12 gm per day in three divided doses preferably ° on hr. before breakfast lunch and dinner. The effect of treatment was assessed at monthly intervals in terms of symptomatic relief and glucose tolerance test besides others.

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After three months of clinical trial in each case, it was observed that the drug Jambu produce highly symptomatic relief and marked blood sugar reduction where as Daruharidra did not response to statistically significant levels.

After this study it concluded that Jambu is a very effective drug in cases of non insulin dependent diabetes mellitus.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	15B
4	[ArtTitle]	***A STUDY ON MADHUMEHA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. B.V. Prasanna
7	[NmeGuide]	Dr. C.P. Chapannamath
8	[NmeCoGuide]	Dr. B.G. Gopinath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	15 patients were selected between age group of 30-65 days. For clinical trial based on the symptomatology and laboratory investigations. The patients were grouped into two categories viz., group –I and group – II. Group – I patients were subjected only to restricted diet (1800 calories) for the period of one month. As per the observations there was no marked improvement either in lakshanas or in the Urine and blood glucose levels. 5 patients were selected in this group later they were subjected to the treatment. In Group – II and in the second part of the treatment of Group – I all the 15 patients were subjected to the treatment with i. Trivanga Bhasma 250mg tid. ii. Jamboophlala beeja majja choorna 3 grams. Tid ° hour before food for the period of 48 days.

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Benedict's solution was used for the qualitative analysis of sugar in urines

Blood glucose level was found our through Folin - wv method.

It was observed that maximum and minimum % of sugar in Urine ranging from 2% - 0.5% in post prandial sample. The maximum and minimum blood glucose level ranged from 325 mg. – 105 mg. in fasting and 395 mg.-185 mg. in postprandial sample.

The management of patients only as restricted diet did not help much. The treatment with medicine along with diet has given fair to good results in reducing urine sugar, blood glucose level and in other signs symptoms of madhumeha.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	25
4	[ArtTitle]	***A STUDY ON THE KRIYAKALA OF DIABETES MELLITUS ANDITS TREATMENT WITH AN ANDIGENOUS DRUG (EUGENIA JAMBOLANA LAM)***
5	[ArtEqEng]	
6	[NmeScholar]	Kohli. K.R.
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The object of the present study was to undertake a critical study on the concept of Kriyakala in relation to the pathophysiology of diabetes mellitus and to institute of controlled clinical trial of an indigenous drug 'jambu' (Eugenia jumbolana) in patients suffering from maturity onset diabetes mettius. Regarding the study to identifying the Kriyakala of diabetes mellitus, the following correlation have been drawn: 1) Samcaya/prakopa = pre diabetic/potential diabetes. (2) prasara = impaired glucose tolerance. (3) Sthan Samsrya = chemical diabetes /latest/ stress diabetes. (4) Vyakti= clinical /over decompensated diabetes. (5) Bheda = chronic stage of complication.

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The test drug Jambu was clinically tried in 30 cases of maturity onset diabetes dosage of 12 gms per day in two divided doses for three months without any dietary restrictions. The effect of treatment was assessed at monthly internals in terms of symptomatic relief, oral glucose tolerance test.

It was observed that the drug Jambu produced marked symptomatic relief and cause statistically significant reduction in the level of blood sugar. So, it can be concluded that the Jambu is an effective drug in maturity onset diabetes disease.

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1	[ArtID]	
2	[FolNo]	9
3	[SlNo]	23
4	[ArtTitle]	***DARUHARIDRA KA PRICHAYATMAK ADHYAYAN EVAM PRAMEHA (MADHUMEHA) PAR PRABHAV***
5	[ArtEqEng]	Berberis Aristats, A General Introduction and its Effect on Diabetes Mellitus
6	[NmeScholar]	Dr. Ashok Kumar Sharma
7	[NmeGuide]	Dr. Y.S. Ghai
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic College, Patiala
11	[Univ]	
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	20 patients of Madhumeha were considered for study with 1 gm daruharidra ghan 3 times a day for six weeks.

Result percentage in different symptoms:

Bahu mootra: 60 %; Atitrushna: 46.6%; Hastapada daha: 70%; Kshudaadhikya: 75%; Malavarodha: 42.8%; Alasya: 75%; Nidravikruti: 50%; Mukhamadhurata: 58.3%; Raktabharadhikya: 33.3%; Bhrama: 33.3%; Shwasa: 50%; Vedana: 71.4% .

Laboratory Investigations: F.B.S, Urine Examination

Conclusion: 100% results i.e F.B.S. was normal in Three patients with medicine.

50% results in patients of Diabetes mellities.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	37
4	[ArtTitle]	***CONTROLLED CLINICAL TRIAL FO AN INDIGENOUS ORAL HYPOGLYCEMIC DRUG – JAMBU (EUGENIA JAMBULANA LAM)***
5	[ArtEqEng]	
6	[NmeScholar]	Upadhyay, Ram Kumar
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The main objective the present study was to evaluate the clinical efficacy and hypoglycemic action of seed powder of Jambu (Eugenia Jambolana through a comparative and controlled clinical trial. The results of Jambu have been compared with well known oral hypoglycaemic drug tolbutamide (comparative group) and a placebo. Forty cases of diabetes mellitus were selected for this purpose. The drug trial was conducted in three groups: 20 cases were subjected to treatment with Jambu seed powder: 10 cases to tolbutamide and other cases to placebo. Jambu and placebo were given in the dosage of 12gm. Daily in three divided doses, preferably before breakfast, lunch and dinner. The effect of treatment was assessed at monthly follow up in terms of symptomatic relief along

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with fasting and postprandial blood sugar test. After three months of clinical trial, it was observed that the drug Jambu and tolobutamide produced highly significant symptomatic relief and marked blood sugar reductions were as the placebo group did not show statistically significant changes. The response of Jambu was found better in patient of Vatika Parakriti.

From this study it was concluded that Jambu had moderate hypoglycaemic effect without any side effect or toxicity.

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	37
4	[ArtTitle]	***A COMPARATIVE CLINICAL STUDY OF HYPOGLYCAEMIC EFFECT OF NISHA AMALAKI AND KHADIRA KRAMUKA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.R.Sharadamani
7	[NmeGuide]	Dr.V.G.Neginhal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The raw materials were pulverized and pressed tablets prepared out of Nisha amalaki with madhu in ratio of 1:16:1 were used in this study. Equal quantities of khadira and kramuka were pressed into tablets with addition of acacia gum in sufficient quantity to prepare 500 mg. tablets. 3 groups A, B, C, were made with FBS more than 120 mg% and PPBS more than 200 mg%. They were administered with 3 combinational i.e. Nisha amalaki, khadira kramuka and glibanclamide respectively and the dosage being 2 tabs thrice a day before food for nishaamalaki and khadira kramuka and 5 mg/day after food in case of glibanclamide. The results showed after 30 days was that nisha amalaki reduces both the values of blood sugar while in case khadira kramuka, result was not significant. In comparative study, the percentage of reduction of PBS is higher in nishaamalaki and that of PPBS in khadira kramuka.

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1	[ArtID]	
2	[FolNo]	18
3	[SlNo]	109
4	[ArtTitle]	***A CRITICAL STUDY OF PRINCIPLES OF AYURVEDIC TREATMENT IN MADHUMEHA ROGA DIABETES MELLITUS***
5	[ArtEqEng]	
6	[NmeScholar]	Virendra Keshav Shah
7	[NmeGuide]	Dr. S.B. Mishra
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagpur University
12	[Year]	1992
13	[EnNo]	U-7590
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	

In present parlance from "A critical study of principles of Ayurvedic treatment in Madhumeha roga (Diabetes mellitus)" following conclusions have been drawn.

Madhumeha roga (Diabetes Mellitus) has been discussed as a kind of vatika Prameha. Its causes, symptoms, pathogenesis, diagnosis, prognosis and preventive measures have been discussed along with Prameha roga. Its causes along with genetic factors (Bija dosha) have been considered in detail in basic Samhitas. In madhumeha all the doshas get vitiated specially vata is predominantly provoked. In the disease all the dushyas get affected but especially when oja (essence of all the dhatus) get affected then it is named Madhumeha. Historical importance appears more ancient as the description of the disease found in Charaka Samhita

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(1200 B.C.), which is an older one of the available Samhitas. The literary review taken from both Ayurvedic Samhitas and modern texts of medicine shows gross similarities with respect to aetiology, symptomatology and principles of treatment of the disease. The principles of Ayurvedic treatment of Prameha roga may be applicable to Madhumeha roga and the same principles may be followed in the treatment of Diabetes mellitus in light of modern medical treatment.

There are two main principles of treatment i.e. 1.Samshodhana and Apatarpana Chikitsa (Purification and desaturation therapy) and 2. Samshamana and Santarpana Chikitsa (Pacification and Saturation therapy). The former one is applicable in Sthula and Balawan Madhumehi (obese and strengthy patients) and the later one is said for Krisha and Durbal Madhumehi (lean and thin patients). The Sthula Madhumehi may be treated successfully by Samshodhana (purificatory) and Apatarpana (desaturating) therapies, along with dietary control, exercise and yogasanas.

Bheshaja Chikitsa (Medicinal Drugs): While selecting the bheshaja for the treatment of Madhumeha, the following principles should be taken in consideration.

Rasa (The taste) – The Bheshaja should be having tikta (bitter), katu (purgent) and kashaya (astringent) in rasa.

Guna (attributes) – The Bheshaja should be having attributes like sara (mild laxative), shoshaka (bulk reducer) and chhedana (purifier).

Virya (potency) - The ushna Virya (active potency) against madhumeha.

Vipaka (The taste of the drug after digestion) should be katu.

Prabhava (specific potency) - The Bheshaja should be having specific potency against mutra madhuryata and sharer madhuryata (against glycosuria and hyperglycaemia).

In juvenile onset type diabetes or in the diabetes where absolute insulin deficiency is present, the promotive and pacificatory therapies have been advised in Ayurved Samhitas may play an important role in the control of the disease, if instituted along with modern medicines (insulin and oral hypoglycaemic agents). Maturity

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onset type of diabetes mellitus can be treated by diet, exercise, yogasanas and Ayurvedic drugs compositely. In the present study it is found that principles of treatment of madhumeha described in Ayurved Samhitas may be effective not only in Ayurvedic medicines but also with modern medicines.

Prevention:

The susceptible individual for madhumeha (having positive family history of the disease) may be prevented from the onset of the disease by diet, exercise and periodical medical check-ups. Dietary regimens and exercise whatever suitable for the susceptible persons should be prescribed. Principles of Medoroga Chikitsa should be considered in obese persons. Thus lastly I would like to put a humble suggestion that if the principles of Ayurvedic treatment of Madhumeha roga followed along with available medicines may be a great contribution towards suffering humanity.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	99B
4	[ArtTitle]	***EFFECT OF SALASARADIGANA BASTI ON SITHOOLA MADHUMEHI***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Kiran. M. Goud
7	[NmeGuide]	Dr. S.G. Mangalagi
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Madhumeha is described as one the varieties of Pramehas. All the Pramehas are broadly classified into two groups' viz., apathya nimittajja and sahaja, apathya nimittajja with its lakshanas sthoola, bahvasee, snighdha, swapna sheela, asana sheela and shayya sheela was noticed in obese NIDDM patients. In the present study sthoola was considered as an diagnostic criteria because the aim of the study was to observe effect of salasaradignana basti on madhumeha in sthoolas. Sthoola madhumeha was noticed in the middle age groups ranging between 30 to 60 years and more in males especially among businessmen. The nidanas which are ascribed to vataja prameha only have direct influence on sahaja madhumeha and none of the vataja prameha only have direct on sahaja madhumeha and none of the vataja prameha only have direct influence on sahaja madhumeha and none of the vataja prameha nidanas were observed in the patients. Kaphaja prameha

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nidanas and samanya prameha nidanas influence more to cause madhumeha in sthoolas as observed in the present study in all the patients.

Almost all the srotas get involved and the vitiation of almost all the dhatus and ojas occurs depending upon the severity and chronicity of the disease. Prabhoota mootrata along with madhura mootra (glycosuria) and tanumadhuryata (hyperglycaemia) is an inevitable manifestation in madhumeha (Sthoola) along with other apathya nimittajja lakshanas explained family history has revealed that majority of the patients had positive history, (which is observed in the present study). Some of the poorvaroopas remained in roopa avastha such as trishna, gatra sadana in some patients.

The management of patients only by a diet and exercise and nisha amalaki capsules was not satisfactory in patients with moderate levels of blood glucose and urine sugar and symptoms. Whereas the management of patients with S.S. gana basti nisha amalaki capsules and diet and exercises was good in patients with both mild and moderate levels of blood glucose and urine sugar and the symptoms, when the treatment was on, on with drawing the treatment relapse in hyperglycemia and urine sugar levels was observed in some patients which signifies yapyata of madhumeha.

Only mild and moderate cases of were selected based on S.N. Khosle et al., because the attempt of basti chikitsa with salasaradi gana dravyas in the form of kala basti is the first of its kind (according to M.S.Bhagel – Thesis and Dissertation in Diploma, M.D. and Ph.D. till 1995 in various ayurvedic PG centers in India.

In the present study an attempt is made to understand the cause and pathogenesis of Madhumeha in sthoolas with available references and with the discussion, it seems that the cause and pathogenesis was almost caught in the net of data. It still remain at large and will undoubtedly stimulate many more eager researchers. Though salasaradi gana basti with nisha amalaki has given good results. It still needs further study and animal experimentation which requires further research works to confirm its pharmacokinetics (mode of action).

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***MADHUMEHA VYADHIKA SHASTRIYA VIVECANA EVAM USAME KA PRAYOGA***
5	[ArtEqEng]	A Scientific study on Madhumeha and evaluation of clinical efficacy of Salasaradi gana bhavita Shilajitu in it.
6	[NmeScholar]	Maya Nagapure
7	[NmeGuide]	Girijashankar Jyotishi
8	[NmeCoGuide]	Govindaprasad Upadhyaya
9	[Dept]	Kayachikitsa
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagapur University
12	[Year]	1990
13	[EnNo]	1/34115, SAM 15/86
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	This study was carried at Pakvasa Rugnalaya attached with Shri Ayurveda Mahavidyalaya, Nagpur. In this open labeled study 20 patients of madhumeha are included. The medicine used is Shilajatu triturated with decoction of Salasaradi gana drugs (out of total 23 drugs-ref. Sushruta samhita present available 15 drugs were used) 21 times with 3 days gap everytime. It is made into 250gms tablet in the hospital pharmacy. The BSL, USL, LIPID profile, weight, B.P. and other points were mentioned in the specially prepared proforma. the tablets were given in the dose of 2 tabs three times daily along with hot water. The assessement was done on every fortnight. Results were recorded in 0-3 grade system. It is observed that incidence of Madhumeha is found more in female than male and also more in middle aged individuals. The disease is also more prevalent in higher economical group. Out of the 20 trail

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patients, the dominance of shleshmika and vatika deha-prakriti and rajasa manasa prakriti was observed. Significant results were got in this study with no reports of side effects or adverse drug reactions. There was significant change in F(BSL),PP(BSL) and USL levels in the study group.

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1	[ArtID]	
2	[FolNo]	19
3	[SlNo]	12
4	[ArtTitle]	***ROLE OF JARULA (Lagerstroemia flos-reginae) IN THE TREATMENT OF DIABETES MELLITUS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Mahendra Prasad Singh
7	[NmeGuide]	Dr. Om Prakash Upadhyay
8	[NmeCoGuide]	
9	[Dept]	Department of Dravyaguna
10	[Insti]	Govt Ayurvedic College Hospital Patna
11	[Univ]	Baba Saheb Bhimrao Ambedkar Bihar University, Muzaffarpur
12	[Year]	1994
13	[EnNo]	25522/1979
14	[Lang]	English
15	[Study]	
16	[SubStudy]	Dravyaguna
17	[AnyOther]	
18	[Abst]	On summarizing the whole research work we come to this conclusion

1. The Drug Jarula (Lagerstroemia flos-reginae, Retz. syn. Lagerstroemia speciosa, Pers) has not been referred and used in vedic as well as samhita period. This indicates that this drug was not popular in that period. In the year (1896) Shaligram Nighantu 1st included this Drug. Thereafter, Dr.K.M.Nadkarni (1908) has given detailed information in this Indian Materia Medica regarding this drug.

2. Its hypoglycemic action was first reported by Col.R.N.Chopra (1956). Where he has very clearly mentioned that all parts of the plant especially old leaves and ripe fruit contain hypoglycemic principle having activity equivalent to 6-7.7 units of insulin (Actamed Philipp., 1941,99; Chem .Astr.1942,560). Since then this drug

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has been used for anti-diabetic purposes. This showed that this drug was used as anti-diabetic during modern period.

3. In the year 1908, forest flora of Chotanagpur including Gangpur and Santal parganah's by H.H.Haines has described detail information about Jarula. Col.K.R.Kirtikar and Basu has created confusion between Arjuna (Terminalia arjuna) and Jarula (Lagerstroemia flosreginae) in his book Indian Medicinal plants (1918). He has also described detailed morphology of this drug.

4. Dr.K.C. Chunakar in the year (1969), commentator of Bhava Prakash Nighantu, has critically analised three drugs Tinisha (Ougeinia dalbergiodes., Fam.Leguminosae), Arjuna (Terminalia arjuna) and Jarula (L. flos-reginae Syn. L. speciosa) on the basis of morphology and confirmed that Jarula is Lagerstroemia flos-reginae, Syn. Lagerstroemia speciosa, Family-Lythraceae.

5. In recent years some work on this was carried out by prof.Ojha,J.K. and his team on various scientific lines but they did not give much emphasis on this drug regarding its identification and clinical importance.

6. It is with this background the present study was launched. The drug Jarula (Lagerstroemia flosreginae,syn. Lagerstroemia spciosa, Family Lythraceae) has been collected from natural source and only its mature leaves were taken for the study. 20 patients of maturity onset diabetes mellitus) were selected from Govt .Ayurvedic college and Hospital, Patna.

7. To facilate the study, patients were grouped into two of 10 in each. Group-I was called as control group and Group-II was treated group. In group-I the patients were kept on restricted diet of 2000 calorie whereas in Group- II water soluble extract of Jarula was given in the dose of 50ml.per 60 kg/body weight twice daily for 90 days. The efficacy of the drug was compared with respective control group.

8. The clinical profile of the present series of diabetic patients revealed the following: [A] The incidence was relatively higher in the middle aged male than the female. [B] In the incidence of occupation and economic – status was recorded in which majority belongs to group of sedentary worker like business man service man) and of higher income group. [C] There was relatively higher incidence of diabetes in obese body constitution.

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8. The treatment with trial drug revealed more significant. Symptomatic releaves with notable shift of grades of severity of different symptoms in the comparison with control group indicates that this drug brings good subjective and symptomatic relieves.

9. The follow up laboratory investigation revealed notable shift of grades of severity of different symptoms in the comparison with control group indicates that this drug brings good subjective and symptomatic relieves.

10. The follow up laboratory investigation revealed trend of lowering the blood sugar level. There was a significant decrease in the serum cholesterol level in most of treated patients

probably as result of therapy given. When Group-I and II were statistically compared it was found that the action of drug on reduction in blood sugar level was delayed but it is highly significant.

Thus the present study inspite of its limitation due to time-bound programme has succeeded yielding useful information about the nature of disease diabetes mellitus and scope of its treatment with very cheap and usually available herbal drug.

After going all the literary data of clinical profile and statistical analysis we come to this conclusion that - Jarula (Lagerstrooemia flos-reginae Retz. Syn. Lagerstroemia speciosa Pers)

earlier as it was reported, Insulin like action was found to be potent drug in Ayurvedic Materia Medica having wide scope in clinical use in the management of diabetes mellitus.

Further experimentation and clinical trial with special reference to Insulin assay, on large population may prove the conclusion of the study.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	69
4	[ArtTitle]	***STUDY AND EVALUATION OF THE EFFECTS OF CERTAIN AYURVEDIC COMPOUNDS USED IN MADHUMEHA (DIABETES MELLITUS)***
5	[ArtEqEng]	
6	[NmeScholar]	Laila S.,
7	[NmeGuide]	N.S. Narayanan Nair
8	[NmeCoGuide]	A. Padmanabhan
9	[Dept]	Department of Pharmacy
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Pharmacy
17	[AnyOther]	
18	[Abst]	The present study is aimed to evaluate the action of certain single drugs and its combinations against Prameha in experimentally and also clinically. Vilwapatra (leaves of Aegle marmelous), root bark of Saptachakra (Salacia oblonga) and tuberous root of Bimbi (Cephalandra indica), the cheapest and commonly accepted drugs were selected for the study. Some of them proved experimentally effective against Premeha. No combinations were studied so far. The drugs were studied singly in doses of 1 gm., 2 gm., and 3 gm. per kilogram body weight in normal fasting Rabbits, glucose fed fasting rabbits and alloxan induced diabetic rabbits in first, and secondly the combinations. The results were compared with its respective control and standard drug Tolbutamide. On analysing the results the action of Saptachakra kvatha is highly

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significant. With respect to Saptachakra, the Vilwa patra kalka is less active and Bimbi root kvatha is lesser than all the other two. But on combination the result was higher than the action of Saptachakra kvatha alone in reducing the blood sugar level. This denotes that the anti diabetic actions of these single drugs are potentiated by the other in one way or other by its combination. Clinically also all these drugs were evaluated singly and in combination. Those results also coinciding with the results of the experimental studies. The present study suggests that the combination of Saptachakra root bark, Vilwapatra and Bimbi is highly effective in Prameha.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	47
4	[ArtTitle]	***THE CLINICAL EVALUATION OF NEEM GHAN SATWA IN PATIENTS OF MADHUMEHA (DIABETES MELLITUS)***
5	[ArtEqEng]	
6	[NmeScholar]	Rishi Kumar Singh
7	[NmeGuide]	Dr. R.N. Misra
8	[NmeCoGuide]	Dr. P.S. Srivastav
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	L83/AY/134
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The aim of writing of this thesis was the CLINICAL EVALUATION OF NEEM GHAN SATWA capsule in patients of MADHUMEHA (Diabetes Mellitus). The whole thesis has been divided into the following main parts:-

1. INTRODUCTION

2. LITERARY REVIEW

3. DRUG REVIEW

4. CLINICAL STUDY

Along with this study, the bibliography and Appendicular portion has also been given in the end.

LITERARY REVIEW Literary portion contains Ayurvedic as

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well as Modern available literature up-to-date. This portion also contains historical background of the origin of the disease and its treatment. This portion has detailed description of PRAMEHA including MADHUMEHA and their aetiology, aetopathogenesis, Symptomatology of PRAMEHA and treatment. The treatment of the two types of MADHUMEHA and various Ayurvedic remedies are given in detail.

LITERARY REVIEW

In literary Review the latest classification of Diabetes have been given.

This thesis also correlates the two clinical types of diabetes with two types of MADHUMEHA noted by CHARAKA i.e. KRISHNA or SAHAJ MADHUMEHI - (IDDM) and STHOOLA MADHUMEHI or Maturity onset diabetes (NIDDM). According to CHARAKA – MEDA & KLEDA are the dominant causative factors of MADHUMEHA.

DRUG REVIEW:

This portion contains description about the NEEM GHAN SATWA in detail. This portion also deals with the habitants, and morphology of the plant. The RASA, GUNA VEERYA, VIPAKA & actions of the drug have also been described.

The drug (NEEM GHAN SATWA capsule - 500 mg). was prepared in the State Ayurvedic Pharmacy, Mohan Road, Lucknow. The drug has been prepared in the form of GHAN SATWA and GHAN SATWA was filled in a capsule which contains 500 mg. of NEEM GHAN SATWA and for prevention of dampness, the capsules were placed in polythene packets. Each packet contained 100 capsules.

CLINICAL STUDY:

This portion of the thesis comprises of clinical trial of the drug. In this study, 30 cases of MADHUMEHA were selected. The treatment was continued for three weeks. The criteria of selection are described in the MATERIAL & METHOD. The detail medical history and investigations were done as described in the pro forma attached in the Appendix. The drug was administered orally in two divided doses, half an hour before meals.

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The present study shows the following points:

AGE - The maximum cases were found between the age group of 45-54 years.

SEX - The male sex was predominant. The Male: Female ratio was found to be 7:3

RELIGION - In this study Hindus predominated.

URBAN - People living in urban areas are found to be more affected by MADHUMEHA than those living in rural areas.

OCCUPATION – Persons leading sedentary life were found to be affected by MADHUMEHA as compared with those doing hardwork.

SOCIO ECONOMIC CONDITION - Majority of the patients belonged to the Middle income group.

DIET – Maximum cases were Vegetarian.

ADDITION – Tea & tobacco consumers were found in greater numbers.

EDUCATION – The present study shows that the educated persons were more inclined in Ayurvedic treatment.

WEIGHT – Most of the patients were under weight in comparison to over weight

FAMILY – Most of the patients were found having a positive family history.

HISTORY

RELATION – The present study shows that those who

OF COMPLICATIONS WITH ILLNESS - have long duration of illness have suffered from more complications.

SYMPTOMATOLOGY – The present study shows that most of the severe symptoms were subsided after the treatment for three weeks.

INVESTIGATION:

URINE SUGAR - Out of the 30 patients of MADHUMEHA, 4 patients had presence of urine sugar ranging from 1.0 to 2.0 gm%. After 21 days of treatment, with NEEM GHAN SATWA cap-

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sule, the urine sugar was found nil in all the patients.

FASTING BLOOD SUGAR – The fasting blood sugar before treatment was found to be in the range of 130 to 280 mg%. After 21 days of treatment, the fasting blood sugar was found within normal limits in 28 cases and was increased in 2 cases. The mean Fasting blood sugar found after 21 days of treatment was found 107.66 mg% ± 32.154 mg%.

Thus the P. Value has been obtained less than 0.001 in 21 days which is highly significant.

POST PRANDIAL BLOOD SUGAR was found to be mostly in the range of 196-330 mg% (mean value 240 ± 42.089 mg%) which came down to normal limits after the treatment of 21 days (mean value 172.94 ± 35.66 mg%). (P.Value.001)

BLOOD PRESSURE – 11 patients out of the 30 were observed to have high blood pressure. No separate medicine was provided to the 11 high blood pressure patients. After 21 days of treatment, the High Blood Pressure reduced to normal.

OBESITY – Obesity is one of the cause of Diabetes Mellitus. Out of the 30 patients, 6 were found overweight. The treatment with NEEM GHAN SATWA also reduced the weight of the patients in 21 days, although the patients were prescribed controlled diet.

G.I.T UPSET – GIT Upset also subsided with the same treatment. In this way, the NEEM GHAN SATWA capsule has been found to be an effective drug in patients of MADHUMEHA, having mild to moderate glycosuria and hyperglyceamia.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	103
4	[ArtTitle]	***CLINICAL TRIAL OF YASTIMADHU IN THE CASES OF THYROTOXICOSIS***
5	[ArtEqEng]	
6	[NmeScholar]	Badruddin.
7	[NmeGuide]	G.C. Prasad, J.P.N. Chaurasia
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	The objective of the study was to search some indigenous drugs for prolong use, to replace the currently used drugs, having toxic and side effects, in the management of Thyrotoxicosis. Some workers suggested that Yastimadhu brings the function of thyroid with in normal limits in experimentally produced Hyperthyroidism. On clinical trial it revealed a significant improvement in the various clinical manifestations, particularly improving the body weight, in comparison to the modern therapy. It is also observed that having anti-inflammatory and anti histaminic property it is very useful in Thyroiditis cases.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	150
4	[ArtTitle]	***EFFECT OF KANCHANARA GUGGULU AND DASHANGA LEPA ON GANDAMALA IN CHILDREN***
5	[ArtEqEng]	
6	[NmeScholar]	B.S. Dixit
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1967
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Gandamala is one of the common ailments of children which can be equated with cervical lymphadenitis of tubercular origin. The present study was initiated to identify a new Ayurvedic regimen. 45 cases diagnosed on standard investigation were divided in three Groups - I, II & III. Group I (25 cases) received Kanchara guggulu in the doses of 0.25 gm/kg body weight orally and Dashangalepa as local application. Group II (10) cases were put on Inj. Streptomycin 25mg/kg body wt. and INH 15mg/kg body wt. orally. Cases of Group III (10) were given combined (Modern & Ayurvedic) treatment. Treatment was continued for 6 months. Effect of treatment was assessed on the basis of reduction in size and consistency of glands, rise in Hb% and fall in ESR. 7 cases of group I were found cured, 12 improved, 4 remained unchanged and 2 deteriorated. Out of 10 cases of group II, 4 cases were

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cured; 5 improved and 1 remained unchanged. 4 cases of group III were cured, 5 improved and 1 remained unchanged. Response was earlier as compared to group II. No toxic effects were noticed in group I as compared to group II & III.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	91
4	[ArtTitle]	***EFFECT OF KANCHNAR (BAUHINIA) IN GALGAND***
5	[ArtEqEng]	
6	[NmeScholar]	Sijoria, Kamal Kishore
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1997
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In the proposed thesis modern & ancient review of literature have been given for detailed description of galgand along with its etiology, medicinal & surgical treatment. The experimental study was carried out on albino rats. They were divided in 8 groups. Initially an experimental model has been designed where production of goiter was done by feeding Neomercazole up to 20 days. The different variety of preventive curative & comparative effect of Kanchnar & eltroxine were studied by different parameters. In the second series of experiment, on normal rats, Kanchnar showed significant effect in thyroid disease.In third series. Of experiment the preventive effect of Kanchnar on experimental goiter was studied.

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Both the Kanchnar had similar actions on experimental goiter which are mainly due to their 'Prabhava', not merely by its rasa, guna virya and vipaka. The findings also indicate that the particular variety of Kanchnar B. Purpurea is more effective than the other. This work still needs further study to find out the active principle of this drug, its structure and mode of action. The third variety of Kanchnar, B. racemosa, should also be tried.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	95
4	[ArtTitle]	**EFFECT OF YASTI MADHU IN THYROTOXICOSIS**
5	[ArtEqEng]	
6	[NmeScholar]	Baliram
7	[NmeGuide]	G.C. Prasad, J.P.N. Chansouria
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1977
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	In this present study, review of Ayurvedic classics has been made with particular reference to thyroid grand, its location, various diseases and their management. A review of available literature on yastimadhu the selected drug for the study has also been made. Experimental & clinical studies were performed simultaneously. In experimental studies, Hyperthyroidism was produces in albino rats by inducing psychological stress by keeping them in front of dogs' cages. Post stress cases were treated with this drug & were compared with finding of untreated sacrificed rats. In the clinical studies, the patients of thyrotoxicosis were selected. Their detailed history. Special reference to evidence of psychological trauma or emotional disturbance before the onsetting of disease was recorded. RBI uptake by thyroid gland, plasma

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cortisal, serum PBI & certain neuohormones were estimated. Patients were divided into two groups. Group I were kept on standard antithyroid drug along with tranquilizer & precine; whereas other Group of patients were treated with yastimadhu. Patients were investigated regularly at the interval of one month.

After 3 month treatment with standard & Yastimadhu, the patients showed marked improvement both clinically laboratory investigations. This drug stimulates endogenous secretion of cortisol from the adrenal cortex which seems to be responsible for its anti inflammatory & anti histaminic properties.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	145
4	[ArtTitle]	***STUDIES ON THE MANAGEMENT OF DIFFERENT TYPES OF GOITRE (GALGANDA) BY AN AYURVEDIC COMPOUND***
5	[ArtEqEng]	
6	[NmeScholar]	Kumar, Rakesh
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya-Shalakya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya-Shalakya
17	[AnyOther]	
18	[Abst]	A standard Ayurvedic compound Kanchnara guggulu. Yastimadhu & Sankhpuspi were studied clinically in the management of toxic & non toxic Goitre. It was studied in 131 cases of different types of Goitre. All the patients were divided in A.B. & C Groups according to the treatment. The response of the trial compound was improvement in body weight, reduction in neck swelling in both toxic & non toxic Goitre. The Kanchnara Guggulu was found effective in non toxic Goitre only. Thus, the newly formulated compound is more useful in the management of both types of Goitre without any toxic effects with shorter duration of treatment.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	37
4	[ArtTitle]	***A CLINICAL EVALUATION OF TRIUSHANADI GUGGULU IN PATIENTS OF MEDOROGA (OBESITY)***
5	[ArtEqEng]	
6	[NmeScholar]	Sunita Varshney
7	[NmeGuide]	Dr. C.B. Dube
8	[NmeCoGuide]	Dr. S.B. Kale
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1991
13	[EnNo]	L82/AY11
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	While millions of human beings in third world die from starvation, millions of their western counter parts eat too much exercise too little and risk an earlier death than they need because of the ills produced directly or indirectly by Obesity. Although medical science has to face many problems which raised big questions from the scientific view and social view. Obesity has its importance because of its complications, its high incidence in the society and its effect on the life span. Obesity is a world wide problem and most common nutritional disordered of affluent societies. Its significance requires constant emphasis because it is associated with significant increase in both morbidity and mortality. Although a lot of researches have been done but there is still no single, safe and effective medicine which can reduce weight without any toxicity.

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The search for an ideal drug is wanted and TRIUSHANADI GUGGLU from BHAV PRAKASH had been selected for the present study.

This thesis is divided into literary part, drug review and clinical study.

LITERARY PART:

The attempt in the review part has been with the keen interest to collect the latest knowledge from modern side and AYURVEDA.

Until recently Obesity was considered to be the direct result of a sedentary life style plus chronic ingestion of excess calories. When caloric intake exceeds expenditure for a long time. Obesity results. Although some endocrinal factors are also responsible for obesity but its incidence is hardly 10%.

According to Ayurveda MEDOROGA (Obesity) results due to excessive intake of SHELESHMAL AHAR and AAVYAYAM. It causes increase in KAPHA DOSHA which obstructs the MEDOVAHA STROTAS resulting improper conversion of AHAR RASA into DHATUS according to KSHEER DADHI NYAYA. Most of the ANNA RASA converts into MEDA DHATU and other DHATUS go under nutrition. This increased MEDA accumulate in body causes obesity.

DRUG REVIEW: In drug review a brief description about TRIUSHANADI GUGGLU has been given. In text it has characterized as KAPHA VATA & MEDA VIKAR NASHAK.

CLINICAL PART: In clinical part the method and material of present work, selection of cases according to Indian council of Medical Research criteria. In present study, 37 cases were selected for the trial. The duration of present trial was 12 weeks and the body weight was recorded fortnightly. The drug given in the form of tablets, each weighing 0.5 gram. The total daily dose was 3 gram in divided doses.

The data has been analyzed statistically and following observation was found:

GRADE OF OBESITY: In present series of 37 cases, 13 cases were of mild & 24 cases were of moderate Obesity.

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AGE & SEX: The maximum incidence was seen in second & fourth decade of life. Female patients were predominant.

RELIGION: The maximum patients belonged to Hindu community.

OPD/IPD: In present study out door patients predominated to indoor patients.

OCCUPATION: The house hold worker ladies have shown more tendencies to be obese.

ECONOMIC STATES: The maximum obese patients were of middle income group.

DIET PATTERN: In present study maximum patients were vegetarian.

APPETITE: Maximum patients had good appetite.

RESIDENCE: The study has shown that urbans are more conscious about health & personality.

MARITAL STATUS: In present study maximum patients were married.

MENTAL STRESS & STRAIN: In present study maximum patients were of free life style. And only few patients (24.33%) were mentally stressed.

FAMILY HISTORY OF OBESITY: The present study proved that family history of Obesity plays an important role in development of Obesity. 48.65% patients had positive family history. Family history of obese mother predominates to the other relations.

ADDICTION: In present study the addict patients for different articles were only 43.24%.

BLOOD PRESSURE: Maximum patients in present series had normal blood pressure.

PRAKRITI: Patients of KAPHAJ PRAKRITI predominated in present study.

ACCOMPANYING DISEASES: In present study although we selected simple cases of Obesity but 19 of them had accompanying diseases i.e. -Hypertension, Rh. arthritis, bronchial asthma, sciatica, piles, hydrocele etc.

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WEIGHT: The TRIUSHANADI GUGGLU has highly significant effect on weight reduction. The mean weight in 30 patients before trial was 74.77 ±11.83 kg. After 4 weeks treatment the mean value was 73.78 ± 11.85 kg. After the treatment of 8 weeks & 12 weeks the mean weight was found 72.55 ± 11.97 kg & 71.33 ± 12.20 kg respectively. The 't' value for 4^{th} , 8^{th} & 12^{th} week was 4.822, 7.194 and 8.987 respectively.

The 'p' value was found highly significant at the interval of one month each, which is less than 0.001 in all the 3 pairs of data.

INVESTIGATIONS: The drug has highly significant effect in lowering serum lipids (Triglycerides & Cholesterol).

S.CHOLESTEROL: The mean value of S. Cholesterol before trial was 201.33 ± 34.49 mg% and after the completion of treatment it was 186.87 ± 32.60 mg%.

The 't' value for paired data before and after trial was 6.458 and the 'p' value was less than 0.001.

The mean value of serum therapy was 132.47 ± 27.79 mg % and after the therapy it was 124.43 ± 24.66 mg%.

The 't' value was 7.987 & 'p' value was found less then 0.001.

No particular change was seen in the other investigations i.e. TLC, DLC, Hb%, ESR, Blood urea, serum creatinine, Blood sugar and routine Urine & stool examination, done before and after the therapy.

SYMPTOMATOLOGY: 22 symptoms related to obesity were noted and the progress was seen every fortnightly. The drug has a significant effect in relieving most of the symptoms. Some of them were relieved completely and a few partially in most of the cases.

So it can be said that TRIUSHANADI GUGGLU has significant effect on weight reduction and also hypo-lipidemic property. The drug is safe, effective and free from toxicity.

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1	[ArtID]	
2	[FolNo]	2A
3	[SlNo]	27
4	[ArtTitle]	***CLINICAL STUDY OF STHAULYA (OBESITY) WITH SPECIAL REFERENCE TO BILVADIPANCHMOOL***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Ruby Rani Agarwal
7	[NmeGuide]	Prof. L.N. Sharma
8	[NmeCoGuide]	Dr. Peeyush Mehta
9	[Dept]	Department of Rog & Vikriti Vigyan
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	1999
13	[EnNo]	96/44887
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rog & Vikriti Vigyan
17	[AnyOther]	
18	[Abst]	"Obesity is a mental state. a disease brought on by boredom and disappointment"

....Cyril Conolly

Obesity is the most common nutritional disorder in society especianlly increased mortality, predisposes to the development of important diseases and diminishes efficiency and happiness of affected person.

Most authorities define Obesity as occurring when a patient's weight is at least 10 percent in excess of the normal or desirable weight. Although some tape 15% or 20% as the figure. Those who feel that 10% is too low a figure should reflex that even this figure allows a 76 kg man to accumulate 7.5 gm of fat without being obese.

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Factors that influence body composition are sex, age, physical activity, genetic trait etc.

In Ayurvedic texts obesity has been termed as medovriddhi, medoroga and sthaulya. Notable text Carakasamhita has given the description of etiological factors, clinical features, prognosis and management of sthaulya. Other texts are also having details of the problem.

In sthaulya due to the excessive use of samtarpanya, guru, madhura, snigdha, ahara, the dosas get accumulated in their own places leading to accumulation of kapha dosa. Jatharagnimandhya resulting with the process produces on which has been presumed as very important cause of medovraddhi. Ama along with vitiated kapha absorbs from the GIT and combines with the circulating rasa and rakta dhatus. Thus spreading all over the body with the help of vyan vayu.

Ama along with the disseminating kapha gets localized in the medovaha srotas and medodhara kala because of the susceptibility or affinity for it, which is resulted by the Khavaigunyakara nidanas. As result of it the samana vayu is also affected and this condition activates or hampers the pacakagni but the condition on mandagni is a primary one in medovraddhi while the diptagni occurs in the later stage after medovriddhi. After that sthaulya occurs when dosa dusya sammurcchana is complete.

The compound selected for the study was Bilvadipancmula, containing five ingredients – Bilva, Agnimantha, Syonaka, Patala and Gambhari. Facts behind the selection of drug were medohara properties of ingredients. For evaluating the efficacy of the compound the clinical study has been completed in twelve cases, selected from O.P.D. and I.P.D. of N.I.A. Hospital. Assessments of clinical results were based on BMI, weight and height proportion and other symptoms related to sthaulya. The drug has shown significant response in improvement of symptoms like medovriddhi, Calatva, Udargaurav, Javoparodha, Atikshuda, Utsahal hani, Nidra-adhikya, Atipipasa, daurbalya etc. Similarly other parameters – like weight, BMI and skin fold thickness have also shown significant improvement.

Sthaulyahara effect of Bilvadipancmula may be very clearly ex-

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plained according to pharmacodynamic properties of ingredients.

In Ayurveda, considering the impact of sthaulya Caraka has included it among one of eight undesirable physical constitution (Astaunindita purusa) It may be equated with Obesity.

At present 10% population of India is suffering from sthaulya (Obesity) with a large proportion which is facing associated complications.

The trial drug Bilvadipancmula has been found to have significant response in relieving various features of sthaulya. Sthaulyahar effect of Bilvadipancmula is due to pharmacodynamic properties of ingredient drugs. It is a preliminary study and require further extensive work establish it as a excellent remedy for the problem.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	86B
4	[ArtTitle]	***CLINICAL STUDY ON THE EFFECT OF VYOSADI GUGGULU IN STHAULYA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. B.G. Patil
7	[NmeGuide]	Dr. N.A. Murthy
8	[NmeCoGuide]	H.M. Chandramouli
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Keeping in view, the need to evaluate a simple, easily available Datatable medicament for treating sthaulya, the study was under taken to evaluate the effect of vyosadi guggulu on sthaulya. Vyosadi guggulu was prepared by triphala each one part, trikatu each one part, trimada each one part and time powder of shuddha guggulu nine parts, these fine powders were filled up in 500 mg capsules, vyosadi guggulu was selected for the study as it is widely advised by vagbhath in the managemtn of sthaulya and even followed by later. On acharyas like chakradtta and the ayurvedic formulary of India. The literature of sthaulya on its etymology, definition, synonyms, history, nidana panchaka and management of sthaulya, obesity as available in the classical and modern literature was also reviewed.

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In the present clinical study sixty eight patients were registered out of which there were forty six drop outs during various stages of the clinical study with the remaining twenty two patients there were nine male and thirteen female patients these were nine male and thirteen female patients. This was a controlled experimental study.

"Test Group "?

Vyosadi guggulu 3 grams per day after food with like warm water. The treatment was given for 60 days. Along with moderate calorie diet i.e. 1200 kilo calorie per day and physical activity intervention i.e. 6 km walking 1 day.

Control Group :-

Along with moderate calorie diet and physical activity intervention the mode of administration of placebo as for as the dosage, Anupana, duration are concerned was followed as in test group.

Follow Up:

Members of both groups were called for study 3 months after completion of the said 60 days.

Results :- In Test Group :-

After the treatment 4.41kg average reduction in the body weight was observed in this study and trend of weight reduction continued with average 6.18 during the follow up.

In Control Group:-

After the treatment 1.18kg average reduction in the body weight was observed in this study and trend of weight regain with average 0.5kg during the follow up.

The maximum weight reduction was observed in drug induced observed in this study and trend of weight regain with average 0.5kg during the follow up.

The maximum weight reduction was observed in drug induced obesity by the test group.

Very minimum weight reduction was observed in control group and during follow up weight regain was found.

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1	[ArtID]	
2	[FolNo]	29
3	[SlNo]	78
4	[ArtTitle]	***EFFICACY OF PIPPALI (PIPER LONGUM) CHURNA IN STHAULYA- A CLINICAL STUDY.***
5	[ArtEqEng]	
6	[NmeScholar]	DR.SHYLAJA.B
7	[NmeGuide]	Dr.K.Krishnamurthy
8	[NmeCoGuide]	
9	[Dept]	Department of Dravyaguna
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1996
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Dravyaguna
17	[AnyOther]	
18	[Abst]	The study was done at OPD, two groups G-I,G-II and G, I- received Pippali churna 12gms/day. Specific controlled diet. G-II received Pippali churna , without specific diet control. MADHU +JALA are used in the ratio 1:3 as anupana. Weight, chest expansion measurement, triceps skin fold thickness and abdominal girth were assessed once in 15 days. Serum cholesterol and serum triglyceride values was assessed before and after the treatment. The results were statistically analyzed which shows that Pippali churna is very effective in reducing the overweight when administered with proper diet control and mild exercise. There is also reduction in serum cholesterol and serum triglyceride values.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***STHAULYA ROGA PAR MEDOHAR GUGGULU KA CHIKITSAKIYA EVAM JAIVA-RASAYANIKA ADHYAYAN***
5	[ArtEqEng]	Clinical evaluation of Medohar Guggulu on Sthaulya
6	[NmeScholar]	Sapan Kumar B Jain
7	[NmeGuide]	Govindaprasad Upadhyaya
8	[NmeCoGuide]	
9	[Dept]	Kayachikitsa
10	[Insti]	Shri Ayurveda Mahavidyalaya, Nagpur
11	[Univ]	Nagapur University
12	[Year]	1993
13	[EnNo]	121/90
14	[Lang]	Marathi
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Obesity is the major problem which the present world facing. Here Medohar Guggulu a reference from Yogaratnakar is used as a trial drug. In this present study it was observed that prevalence of sthaulya (obesity) is more in female, in the age group 30-50, higher income group, sedentary workers, nonvegetarians, shleshmika prakriti, tamasa prakritit and the individuals having family history. In this study significant results were observed in not only subjective criteria like- pipasa, shrama, sveda, durbalata, shwasa krichrata etc but also in objective parameters i.e. weight, BMI, blood pressure and lipid profile etc.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	73
4	[ArtTitle]	***ROLE OF AROGYAVARDHINI ON BLOOD LIPIDS AND MEDOROGA WITH ANUPAN OF SHARANGADHAR'S MAHA (VRIHAT) MANJISHTHADI KWATH***
5	[ArtEqEng]	
6	[NmeScholar]	Shail Bala Kale
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Medoroga (obesity) is one of the conditions, which is known from very inception of the humanity throughout the world. This condition is found to be associated with many diseases as well as my produce psychological effects. Hence clinicians and scientists are evaluating various indigenous drugs, which may be useful in Atisthulta. There are encouraging results. Except Misra (Loc.cit), none has used Arogyavardhini on Medoroga and serum cholesterol. Misra (Loc.cit) to has not used it on blood coagulation time and has not administered with Anupan of Mahamanjisthadhi Kwath though he advised. A total of 89 cases of Medoroga were selected on the basis of appearance, symptoms, body measurements, body weight, blood

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lipids, occulusive artery diseases especially of heart. 21 cases backed out, hence posttherapy observation were carried out on 68 cases only. Out of these 18 subjects constituted control group (7 received Arogyavardhini only, whereas 11 were given first Arogyavardhini followed by Kwath after one month). Rest 50 cases received Arogyavardhini with Mhamanjishthadi Kwath from the very start.

Females (67) outnumbered to males (22) in all the decades, there was no case in first and after 7th decade. Cases increased as age advanced but after 40 years of age the number decreased.

These patients complained 28 symptoms, 8 of which were the same as described by ancient author's e.g. general weakness and fatigue (Daurbalya, Alpabala, Alasya, Ayasa, (Akshmata), excessive sweating (Swedabadha), excessive appetite (Atikshudha), excessive thirst (Atipipasa), numbness and tingling (Karpadayosuptum), excessive sleep (Nidra), dyspnoea (Kshudraswasa) and impotency (Alpavyvayu). Remaining 20 symptoms viz protruding abdomen, constipation, headache, vague aches and pains, heaviness in body pain in abdomen, cramps and muscular pain, pain injects, flatulence, leucorrhoea, excessive micturition, loss of sleep, loss of appetite, dysuria, giddiness, palpitation, menstrual dysfunction, oedema on feet, anginal pain and swelling in body are not present in Ayurvedic samhitas. Hence they may be added to the old list of symptoms of Medoroga. 15 of threes symptoms are of Vataj origin as compared to 16 symptoms of Kaphaj in ancient times. This difference may be due to complications of Medoroga (obesity) rather than the basic condition.

The difference is also noted when Upadrava of old times as compared with the complications of modern times. Madhumeha, Arsha and Medojanya arbud seems to be synonyms of Diabetes mellitus, piles and lipoma respectively. Jwara, Udara and Kamala are symptoms of the diseases and not their Upadrava. Bhagandar (fistula in ano), Pidica (boil), Vidradhi (abscess), Visarpa (erysipelas), Atisar (diarrhea), Shleepada (elephantiasis) Gandmala (adenoid) and Prameha Piddica (carbuncle) are not complications of Medoroga but today are considered bacterial disease may of the complications were as coronary disease have no equivalent in ancient literature, although Dhamni pratichaya, which may be taken

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as synonyms of atherosclerotic type of art6eriosclerosis and Hridya roga has been described.

Only 33 cases (37%) of these cases were suffering from associated diseases viz., diabetes mellitus and hypertension (5 each), arthritis (4), angina pectoris (2), cholecystitis (1), which is related with obesity.

32 cases (35.9%) showed inherited tendency of obesity. 18 cases had either sthul mother (7) or father (6) or both father and mother (5). Rest had different combinations. This suggests that Medoroga has an inherited tendency.

Measurements of breast, belly and buttocks and body weight correlate each other in producing sthulta, as males are heavier than females and have larger belly and chest than females. On the other hand females have larger size of buttocks. Body weight ranged from 1.9% to 100% above L.I.C. standard. Maximum (65) cases had 20% or more than ideal weight followed by 16 (10% to 19%) and 8 (0.5% to 9%) cases.

The serum cholesterol ranged from 144 mgm% to 318 mgm% with the mean of 241. 8 mgm%. 37 cases were hypercholesterolemia, 11 of them were suffering from other diseases, viz., piles (5), arthritis, and hypertension (2 each), diabetes mellitus and angina pectoris (1 each). 2 cases had intestinal parasites. Phospholipids were more than normal in 8 cases, whereas C/P ratio was raised in 4 cases.

Coagulation time ranged from 120 seconds to 390 seconds. Females showed prolonged coagulation time as compared to males.

Blood sugar, serum protein and haemogram did not show any finding of importance.

Arogyavardhini alone is not completely successful in Medoroga. It produced partial relief in symptoms and inconstant weight reduction but showed significant reduction in cholesterol confirming the previous observation of Misra (Loc.cit). It also prolonged coagulation time.

The addition of Anupan is definitely better than Arogyavardhini alone as it showed improvement in all the parameters. 5 cases were completely cured, because their body measurements, body

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weight and cholesterol decreased significantly along with significant prolongation of blood coagulation time. In rest of the cases complete cure was not seen.

The combination gave maximum relief in numbers and percentage of symptoms except in dyspnoea and pain in abdomen. It was found to be effective in arthritis (75%) piles (66%) and hypertension (33%).

The addition of Anupan reduced body weight significantly as well as highly significantly associated with decrease in size of the belly.

The combination also reduced serum cholesterol which was better than the action on sthulta. The hypercholesterolemia action was highly significant. This action was the best when the level was hypercholesterolemia. It is also significant between 200 mgm % but has no effect when the level is below 200 mgm %. This effect was also been with trial medicine alone, in this work as well as by Misra (Loc.cit). It also reduced phospholipids and C/p ratio.

The combination prolongs the blood coagulation time significantly thus decreasing the tendency of blood to clot early.

The success of Arogyavardhini administration with Anupan of Kwath in Medoroga as described in Ayurvedic literature is in the line of Yadavaji (Loc.cit), but cure of only 5 cases i.e. relieving symptoms, reduction in sthulta, serum cholesterol and prolongation of blood coagulation time suggests that the combination is not completely successful, although it produced significant reduction in body weight, serum cholesterol, significant prolongation of blood coagulation time associated with alleviation of the symptoms in most of the cases.

The success of the combination in Atisthulta seems to be due to different Gunas of the ingredients viz., Katu and Tikta Rasa, Laghu, Ruksha and Sukshma Guna, Katu Vipaks and Ushana *Veerya*, which increase the Pachan of Meda Dhatu and Kapha Dosha, open the Srotansi, facilitate the normal process of Dhatupaka and maintain the equilibrium of Dosha, Dhatua and Mala. Thus relieves the condition of Medoroga.

The combination also showed 'escape' phenomenon as seen by Misra with Arogyavardhini alone.

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The response of both medicines as hypocholesterolemic agents seems also due to combined action of its ingredients, which act upon different stages of cholesterol metabolism. Sit sterol present in Chitrak, inhibits the cholesterol absorption in the intestines. Polyunsaturated fatty acids present in Chitrak and Guggulu increases normal cholesterol break down into bile acids. The Pittasarak action of Katuki, Shilajatu, Parad, Gandhak, Laughasma, Tamrabhasma Guduchi, Kshudra, Patola, Moorva, Tryamana, Bhringraj, Varuna, Nisha, Kritmal, Karaj,Jal, Daruharidra, Parpat, and Kaiyarat help in excretion of bile salts. Nesins present in Guggulu, Shilajatu, Vibhitak, Manjistha, Nagar, Nimba, Heridra, Vidanga, Vasa, Mahabdaru, Kaiyarat, Vakuchi, Mahanimba, Karanj, Jal, Indravaruni and Trivirtta block the reabsorption of bile salts. The LAXATIVE action of Katuki, Shilajatu, Guggulu, Amalki, Haritiki, Parad, Gandhak, Guduchi, Kshudra, Vacha, Patola, Shatavari, Trayamana, Krishan, Indrajau, Patha, Varuna, Kritmal, Mahanimba, Karanj, Indravaruni, Sariva, Parpat, Trivritta, and Kaiyarat help in the excretion of metabolites, and unabsorbed cholesterol.

The combination was well tolerated and no side effect was observed during the course of the study.

The study shows that Arogyavardhini alone or with Anupan can be given safely. If there is hypercholesterolemia the trial medicine can be given alone, because it may reduce cholesterol as well as prolong coagulation time. On the other hand the association of Atistbulta with hyperlipedemia may best be treated with Anupan.

It can be safely concluded that the combination of Arogyavardhini with Anupan may be beneficial in preventing premature atherosclerosis in obese or nonobase patients who also have tendency of increased blood coagulation time.

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1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	74
4	[ArtTitle]	***STHAULYA YA VYADHIT LEKHANA BASTI CHIKITSA- EK ADHYAYAN***
5	[ArtEqEng]	
6	[NmeScholar]	UMASHEKHAR DATTATRAYA KULKARNI
7	[NmeGuide]	K.R.Chavan
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1999
13	[EnNo]	
14	[Lang]	Marathi
15	[Study]	
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Prevalence of Sthaulya (obesity) is increasing more day by day. All the patients were having clinical features like Angagaurava, Ayasena shwasakricchrata (dysnoea on exertion) and Daurbalya. Where as Atikshudha, Atitrishna, Daurgandhya and Sandhishula are observed in 70-80% patients. The assessment parameters for this study were primarily the features as said in texts and secondarily the BMI. 95% relief was observed in symptoms like Angagaurava and Atinidra etc,and 70% in Sandhishula, 60% in Atikshudha.

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1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	4
4	[ArtTitle]	*STHAULYAVAR RASANJANACHA PARINAM*
5	[ArtEqEng]	
6	[NmeScholar]	P.U. JANE
7	[NmeGuide]	S.B. Joshi
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1987
13	[EnNo]	
14	[Lang]	Sanskrit
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	It is observed from the study that Rasanjana along with restricted and limited diet reduces the 1.4 kg per 10 days. Rasanjana along with regular diet and Pathya reduces 1.2 kg per 10 days.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	23B
4	[ArtTitle]	***STHOULA AND ITS MANAGEMENT WITH MADHUJALA***
5	[ArtEqEng]	
6	[NmeScholar]	N.R. Ramananda Rao
7	[NmeGuide]	Dr. K.V. Raghavendra Rao
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In the present study 15 patients were selected with the presence of clinical signs and symptoms of Sthoulya and Medovriddi. The selected patients were given Madhu 25 grams in single dose with a cup of cold water early in the morning in empty stomach for 60 days. Assessment of the improvement is done on the basis of weight reduction. Improvement was assessed in 40% of the cases and mild appreciable improvement in 46.7% and no marked improvement in 13.3%. Laboratory investigation gave a clear idea that there was notable fall of Serum Cholesterol in 95% of the cases, thus suggesting improvement in general condition of the patients. After 60 days of treatment the average weight of the patients was 68.75kgs. The weight reduction per case after complete treatment is 2.94 kgs in average. The statistical data indicates the efficacy of the honey and water on sthoulya is encouraging.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	46
4	[ArtTitle]	***STUDY OF POORVA KARMA ON POST OPERATIVE CONVALESCENCE IN TERMS OF METABOLIC AND NUTRITIONAL STATUS***
5	[ArtEqEng]	
6	[NmeScholar]	Rai, Satya De.
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1966
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Many metabolic and nutritional changes occur in the body after surgery. Susruta told that by poorva karma, patients can tolerate post operative disturbances in a better way so that these may not produce any harmful effect. Twenty five cases of chronic peptic ulcer kept under treated group were given poova karma before surgery by classifying to three groups according to doshic involvement. Drug used were varuna sigru siddha ghrita for oral use, decoction of varuna & shigru for vaman, triphala churna for virechan, soap water enema for 'Asthapan vasti. For experimental study 10 mongral doses were taken, 5 in treated and 5 in control group. Gastro-jejunostomy was done to all dogs. All assessment was done under the head (1) Clinical (2) metabolic endocrinal (4) nutritional.

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By poorva karma some serious complications, even after major surgical interference such as hypo or hyper potassimia, acid base disturbance, abnormal healing process, pulmonary and gastrointestinal complications can be subsided.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**NATURAL PRODUCTS AS ANTICANCER AGENTS**
5	[ArtEqEng]	
6	[NmeScholar]	Redkar R.G. and Jolly. C. I.
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dept. of Pharmacognosy & Phytochemistry
10	[Insti]	K. M. Kundnani College of Pharmacy, Mumbai.
11	[Univ]	
12	[Year]	Indian Drugs 40(11) November 2003
13	[EnNo]	
14	[Lang]	
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Cancer involves fundamental biological processes concerning disordered cell replication, death and disorganization of organ structure. Plant products namely podophyllotoxin, vinca alkaloids and taxol have contributed a lot in the development of cancer chemotherapy. Recent studies have shown that modulation of nitric oxide production using a plant – derived immunomodulators could provide a cost effective and least toxic alternative to chemotherapy. Nutritional oncologists these days are trying to identify the naturally occurring dietary factors which are or may be anti carcinogenic. Antioxidants present in consumable fruits and vegetables rich in vitamins, amino acids and carotenes have received considerable attention in prevention and treatment of cancer, interestingly, another group of foods including ginger, garlic, tea, bee propolis, maca, turmeric and other spices has joined the ranks of potent anticancer effects. In the realm of essential and fixed oils, there are a number of compounds which has also demonstrated as a potent anticancer activity.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**AN EFFECTIVE AYURVEDIC HYPOGLYCEMIC FORMULATION**
5	[ArtEqEng]	
6	[NmeScholar]	V.N. Pandey, S. S. Rajagopalan and D. P. Chowdhary
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Central Research Institute for Ayurveda, Punjabibagh, New Delhi.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XVI. No. 1-2, (1995) pp. 1-14
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In 80 Non-Insuline Dependent Diabetes Mellitus (NIDDM) cases an Ayurvedic formulation code named Ayush 82 and Shudha Shilajitu were orally administered for a period of 24 weeks. Fasting and post prandial blood sugar were estimated at 6th weekly intervals. There was statistically significant reduction in both fasting and post prandial blood sugar in both males and females. On Physician's rating there was "good response" in 74% of the cases.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	**AN EFFECTIVE AYURVEDIC HYPOGLYCEMIC FORMULATION**
5	[ArtEqEng]	
6	[NmeScholar]	V.N. Pandey, S. S. Rajagopalan and D. P. Chowdhary
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Central Research Institute for Ayurveda, Punjabibagh, New Delhi.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XVI. No. 1-2, (1995) pp. 1-14
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	In 80 Non-Insuline Dependent Diabetes Mellitus (NIDDM) cases an Ayurvedic formulation code named Ayush 82 and Shudha Shilajitu were orally administered for a period of 24 weeks. Fasting and post prandial blood sugar were estimated at 6th weekly intervals. There was statistically significant reduction in both fasting and post prandial blood sugar in both males and females. On Physician's rating there was "good response" in 74% of the cases.

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1 [ArtID]

2 [FolNo]

3 [SlNo]

4 [ArtTitle] **CLINICAL EVALUATION OF SINGLE AND HERBO-MINERAL COMPOUND DRUGS IN THE MANAGEMENT OF MADHUMEHA**

5 [ArtEqEng]

6 [NmeScholar] Naresh Kumar, Anil Kumar and M. L. Sharma

7 [NmeGuide]

8 [NmeCoGuide]

9 [Dept]

10 [Insti] Regional Research Centre for Ayurveda, Jammu.

11 [Univ]

12 [Year] J.R.A.S. Vol. XX. No. 1-2, (1999) pp. 1-9

13 [EnNo]

14 [Lang] English

15 [Study]

16 [SubStudy]

17 [AnyOther]

18 [Abst]

In the present study three different drug therapies were put to trial in 111 ambulatory NIDDM cases. Group A-Aysh-82 tabs., group B- Chanderaprabha Vati. Trivang Bhasma with Vijayasara Kwatha & group C – Methika Curna. Effects of all these therapies were found statistically highly significant ($P<0.001$) in the reduction of FBS and PPBS alongwith remarkable improvement in the presenting signs and symptoms of the disease. The drug combination of group-A was found comparatively most effective in the correction of maximum of the presenting symptoms alongwith it is having better anticholesterolemic effect whereas the single drug of group-C was found comparatively equally effective in lowering the FBS, PPBS levels and in polyurea. No case under the study in any of the groups remained unchanged alongwith the blood sugar level (FBS and PPBS) in any of the case did not fall below the normal range during or after the course of the therapy.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***CLINICAL STUDIES OF THE EFFECT OF ABRAGA (MICA) CHENDOORAM IN THE TREATMENT OF DIABETES MELLITUS (NEERAZHIVU)***
5	[ArtEqEng]	
6	[NmeScholar]	Ravi Shankar and R. K. Singhal
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Central Council for Research Ayurveda and Siddha, New Delhi.
10	[Insti]	
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XVI, No. 3-4, (1995), pp. 108-117
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Chendooram (Abraga) – a Siddha drug was clinically tried on 130 ambulatory patients of non- insulin dependent diabetes mellitus (NIDDM) attending the diabetic clinic at Safdarjang Hospital, New Delhi. During preliminary screening those cases in which reduction in calories intake controlled the disease effectively or and serious complications like ketoacidosis, nephropathy, neuropathy or rationopathy etc. were excluded. The cases taken up for study were mild and moderate type. The cases included into this study were subjected to thorough clinical examination and detailed history was recorded. 200 mg. of the drug filled in an empty gelatine capsule was prescribed two times a day for forty five days. The total calories intake for 24 hours was decided at the rate of 25 calories per kilogram of ideal body weight. Sixty eight percent of the patients belonged to the age group of 40-60 years. Thirty

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percent were familial incidence cases. The study showed mean fall of 62.30 mg. at fasting and mean fall of 84.7 mg. after two hours of food intake (post prandial) with 45 days of treatment with this drug, which was found to be satistically significant ($p<0.005$) both at fasting and post prandial level. No side or toxic effects of the drug were seen during the course of study.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***EFFICACY OF COCCINIA INDICA W. & A. IN DIABETES MELLITUS***
5	[ArtEqEng]	
6	[NmeScholar]	S. M. Kumble, G.S. Jyotishi, P. L. Kamalakar & S. M. Vaidya
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XVII. No. 1-2, (1996) pp. 77-84
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Diabetic patients become susceptible to complications like hyperlipidemia and various types of bacterial infections. Many attempts have been made to manage diabetes by use of synthetic drugs, but all have met with limited success due to their side effects. Therefore, the concept of use of plant drugs have become the potent and safe alternatives. In view of this, trial of indigenous preparation from Coccinia indica W. & A. leaves has been taken up on 30 non insulin dependent (NIDDM) diabetic patients. The drugs was found to exert protective influence against hyperlipidemia along with the control of hyperglycemia.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	***HYPOGLYCAEMIC ACTIVITY OF COSCINIUM FENESTRATUM (GAERTN.) COLEBR.***
5	[ArtEqEng]	
6	[NmeScholar]	B. Mahapatra
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Dept. of Dravyaguna
10	[Insti]	Gopabhandhu Ayurveda Mahavidyalaya, Puri.
11	[Univ]	
12	[Year]	J.R.A.S. Vol. XVIII, No. 3-4, (1997) pp. 89-96
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Decoction of the stems of Coscinium fenestratum (Gaertn.) Colebr. Was fed to fasting rabbits in order to detect its potential hypoglycaemic activity. Coscinium in 4g./kg. body weight showed the maximum potency of 73.75 percent as percentage of tolbutamide at the 5th hour of feeding and this result was statistically significant whereas Coscinium in 2g./kg. and 8g./kg. did not show any significant result. In G.T.T. studies in rabbits coscinium in 4g./kg and also in 8g./kg. body weight showed a pattern of activity which is comparable to that of tolbutamide 250mg./kg. body weight. On alloxan induced diabetic rabbits Coscinium in 2g./kg., 4g./kg. and 8g./kg. body weight exhibited a significant hypoglycaemic activity. This significant result was at 5th hour for 4g./kg. dose, and at 1st hour for 8g./kg. body weight dose while for tolbutamide it was not significant statistically.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***VIJAYSAR, PTERO CARPUS MARSUPIUM, IN THE TREATMENT OF MADHUMEHA (DIABETES MELLITUS) A CLINICAL TRIAL***
5. [ArtEqEng]
6. [NmeScholar] S. Rajasekharan and S. N. Tuli
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] C. R. E. Unit of CCRIMH, Government Ayurveid College, Jammu.
11. [Univ]
12. [Year] Jour. Res. Ind. Med., Yoga & Homoeo, 11: (2), 1976.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] From the clinical trial carried out in this unit, it was found that Capsule Vijaysar is effective as Meha-har (anti-diabetic), Sthambhaniya (astringent) especially A bhayantara Pachan Samsthan, and Mutrasamgrahaniya. However, the effectiveness of the drug is related to the various factors like Kala, Vaya Satmya and Asatmya. Here ditary cases studied through Capsule Vijaysar therapy recorded some temporary relief except in one case) and no other remarkable progress was observed. Regular administration of Himkashaya on some chronic and age-old cases, helped in reducing Atipipasa (polydipsea). Some patients however objected to the bitter taste of the Himkashaya and as such some work is to be undertaken to make the same acceptable to the patients. Pri-

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mary failure was noted in the patients who were addicted to insulin therapy or modern oral anti-diabetic drugs from a longer period. This drug also proved ineffective on those who inherited diabetic character and also on chronic and debilitated patients.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***EFFECT OF TERMINALIA ARJUNA W. & A. ON REGRESSION OF LVH IN HYPERTENSIVES – A CLINICAL STUDY***
5. [ArtEqEng]
6. [NmeScholar] B. Chandra Sekhara Rao, R. H. Singh and K. Tripathi
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kayachikitsa,
10. [Insti] Institute of Medical Science,
11. [Univ] Banaras Hindu University, Varanasi-221 005.
12. [Year] J. R. A. S. Vol. XXII. No. 3-4 (2001) pp. 216-227
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Hypertensives presented with left ventricular hypertrophy appear to be associated with many abnormal cardiac events including cardiac arrest. The effect of Arjuna Kwatha along with atenolol on left ventricular hypertrophy in hypertensive individuals was studied by echocardiography. The study infers improvement on regression of left ventricular mass as indicated by change in left ventricular posterior wall thickness (LVPWT). Inter ventricular septal thickness (IVST), left ventricular internal dimension (LVID) and left ventricular mass index (LVMI), Decrease in LV mass with Arjuna Kwatha along with atenolol (treated group) was seen after 3 months and maintained even after a period of 6 months. Whereas in those patients who were on atenolol (control group), the regression in LV mass seen was insignificant. The patients included under control group the trial was continued for 9 months, but the effect seen after 9 months were not significantly different from those at 3 months. Thus we conclude that Terminalia arjuna W.&A. is able to directly cause regression of increased LV mass.

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1	[ArtID]	
2	[FolNo]	BRKR HYD
3	[SlNo]	
4	[ArtTitle]	***A CLINICAL STUDY ON THE EFFECT OF KANCHANAARA GUGGULU & SHIGRU PATRA KWATHA ON HYPOTHYROIDISM***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. V. Vijaya Lakshmi Prasuna
	[NmeGuide]	Dr. Prakash Chander
8	[NmeCoGuide]	Dr. Jaya Prakash
9	[Dept]	Post Graduate Department of Kayacikitsa
10	[Insti]	Dr.BRKR Government Ayurvedic Medical College, Hyderabad
11	[Univ]	Dr NTR University of Health Sciences, Vijayawada, AP
12	[Year]	2007
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Thyroid gland is one of the most important and sensitive endocrine gland. As it easily responds to stress and stimuli the global incidence of hypothyroidism is increasing day by day. As all the drugs used in this condition are well known for their side effects, there is an increasing demand to treat the diseases with Ayurvedic system of medicine. Approach to the thyroid gland is better understood by the actions of the thyroxine on the body rather than the anatomical location. The major function of thyroid gland is to act as a catalyst –of the nature of a 'spark' for the maintenance of oxidative metabolism in most tissues. So it can be correlated with 'agni' in Ayurveda, which is a key factor in transformation. The recent research work done by Dr. Tripathi and others, animal

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studies have revealed that Guggul supports healthy thyroid function, mostly by increasing the conversion of less active Thyroxin (T4) to more active Triiodotyronine (T3) through increasing thyroid proteolytic activity and the uptake of iodine into thyroxin.

The present trial drug Kanchanara Guggulu (Sa. Sam), is found in usage for many years for Gandamala, Apachi, Arbuda, Grandhi, Kushta, etc, has been selected to evaluate the efficacy of this drug in hypothyroidism. Its many ingredients Kanchanara, Varuna, Triphala, Trikatu, Trijataka may also useful in hypothyroidism.

Shigru is a well-known plant in India. It is rich in iodine, which is an essential component of thyroid hormones, T3 and T4. It is recommended in Galaganda, Sotha, Apachi, Vrana, Medoroga, Vidradhi, Gulma etc., is selected as anupana along with KNG. It appears to provide it with the nutrition and substitutes the Iodine, thyroid gland require. Hence the drug is selected for the study.

The main aim of the study is

- To normalize the levels of TSH in the fresh cases.
- To maintain the TSH levels in the patients who are already using the allopathic drug thyronorm and gradually replacing the allopathic drug with the trail drug.

The trail was conducted on 32 patients from the Govt Ayurvedic Hospital, Hyderabad. Patients were thoroughly examined and the diagnosis of hypothyroidism was made if the TSH level is above **6,** along with other clinical symptoms.

Method of administration:

i. For fresh cases started immediately after the diagnosis con firmed.

ii. For the patients who are already using thyronorm advised withdraw the 25 mcg of the drug before starting the trail drug.

iii. The patients were observed carefully for 1month, if they are comfortable with the drug and dosage and TSH levels are maintained well they are advised to withdraw another 25mcg. This way the drug is totally replaced with the trail drug.

CLINICAL ASSESSMENT:

The progress of the patient is observed and recorded after every

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15 days. This procedure is followed for duration of 90 days. After the completion of the duration the results are assessed basing on observations. The results are assessed in terms of complete relief, marked, moderate and mild relief and no relief.

1. Complete relief: TSH levels normalized and 100% symp toms relieved.

2. Marked relief: TSH levels normalized and symptomatic relief up to 75%.

3. Moderate relief: TSH levels normalized and symptomatic relief up to 50-75%.

4. Mild relief: TSH levels normalized and symptomatic relief up to 25-50%.

5. No relief: no change in the TSH levels and no symptomatic relief.

Relief	No. of patients	Percentage
Complete relief	0	0%
Marked relief	6	18.75%
Moderate relief	22	68.75%
Mild relief	4	12.50%
No relief	0	0%

CONCLUSION

❋ The trail drug Kanchanara Guggulu and Shigru Patra Kwatha is found to be beneficial in recently diagnosed cases.

❋ Mild to moderate relief was noted in patients who are already using the drug thyronorm and it can be completely replaceable with the trail drug depending upon the rogi bala and rogibala. TSH levels and the clinical features should be carefully monitored.

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1	[ArtID]	
2	[FolNo]	
3	[SlNo]	
4	[ArtTitle]	*A CLINICAL MANAGEMENT OF STANA ARBUDA WITH BHALLATAKA LEHYAM AND MANAHSILADI TAILAM (LOCALLY)*
5	[ArtEqEng]	
6	[NmeScholar]	DR. NAGAMANI DUDDEY
7	[NmeGuide]	DR. B. NARASIMHA MURTHY
8	[NmeCoGuide]	DR. G. JEEVA RATHNAM
9	[Dept]	POST GRADUATE DEPARTMENT OF SSP - SHALYA
10	[Insti]	DR.B.R.K.R. GOVERNMENT AYURVEDIC MEDICAL COLLEGE, HYDERABAD, A.P.
11	[Univ]	N.T.R. UNIVERSITY OF HEATH SCIENCES, A.P., VIJAYAWADA
12	[Year]	2003
13	[EnNo]	
14	[Lang]	ENGLISH
15	[Study]	M.D
16	[SubStudy]	SHALYA
17	[AnyOther]	
18	[Abst]	The study is assessment of clinical management of *stanarbuda* with ***Bhallatakalehyam*** internally and ***Manahsilditailam*** locally (externally). The study details, the general description of *arbuda* and its aetiopathogenesis, concept of *stana arbuda, nidana, samprapthi, chikitsa, pathya* and *apathya* and modern aspect of the disease and analytical study. Chromatography is done through HPLC for crude *Bhallataka, ishtika choorna* processed *Bhallatak, Bhallatak kashaya* and finally *Bhallataka lehyam*. For manahsiladi tailam also chromatography was done. 30 patients were selected grouped into two groups namely group-

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A and group-B. Group A includes all malignant stages of patients. Group B includes benign stage of patients. The number of patient under group A is 20 and under group B is 10.

The Symptoms taken for the study in group A is Lump, Pain, Tenderness, Nipple Discharge, Back Ache, Chest Pain, Haemoptysis, Generalized Oedema and Systemic Disturbances and in group B is Lump, Pain, and Tenderness. The group- A patients is again divided into Stage I, II, III, IV based on the symptoms.

For group - A patients *Bhallataka Lehyam* – 2 to 4gm BD, had given internally with *anupana Mundi kwatham* – 10 – 15ml. For group B patients *Bhallataka Lehyam* – 2 to 4gm BD, given internally with anupana *Mundi kwatham* – 10 – 15ml. *Manashiladi Tailam* given for external application for a Duration of 3 months.

In total the response in group A is 35% significant, 30% moderate and 35% mild. In group- B 30% significant change in the lump size, 80% regarding pain and 66.66% response in tenderness.

The study concludes the positive role in the management of stana arbuda, by improving the quality of life. Apart from this clinical study, it was observed that there is a good response in tubercular lymphadenopathy (cervical and axillary lymphnode enlargement).

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4.10. HYPERTENSION AND CARDIAC DISORDERS

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	59
4	[ArtTitle]	***A CLINICAL STUDY OF AN INDIGENOUS COMPOUND ON SANNIPATAJA HRIDROGA WITH SPECIAL REFERENCE TO CONGESTIVE HEART FAILURE***
5	[ArtEqEng]	
6	[NmeScholar]	Ram Kumar Yadav
7	[NmeGuide]	Prof. C.B. Dube
8	[NmeCoGuide]	Dr. N.K. Natu
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1979
13	[EnNo]	B.S. 26
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The various forms of HRIDROGA we face in our medical practice defecting from the five classical Ayurvedic varieties. Sometimes we are baffled in diagnosis. The presented symptomatology very accurately, the functional or and architectural changes caused even due to the other systemic effect, have manifested in cardiovascular system. The volume and variety of Ayurvedic description of HRIDROGA suggest us that the diseases were not frequent as clinical entity those days. Perhaps it was so because of well balanced and ritual way of life. Nowadays with the basic changes in our mental and physical status and other changes in our life induced by modern way of living,

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technology, urbanization and variety of factors, so also because of our consciousness towards the problem and availability of better diagnostic set up. The heart diseases are one diagnosed more commonly but the highly mortality rate of these patients suggest lack of our under standing regarding their future management.

The outstanding impression of present day cardiology is that the immense increase in our knowledge the fundamental biochemical and physiological process of cardiac function has not been accompanied by similar advances in the treatment of heart failure.

In fact, the newer therapeutic methods now in use owe little to the back ground of experimental derived information, even their conception was largely uninfluenced by traditional physiological thinking.

In some instance the "empirical" methods themselves have stimulated physiological interest reappraisal of ideas. However, there is no denying that the elucidation of many of the pathophysiological mechanism brought in to play when the heart fails has supplied answer to some of the outstanding clinical questions.

The immense increase in experimental and investigation effort in the modern, cardio logical scene has unfortunately distracted clinicians from the ideal of their own professional pursuits, i.e. the application of knowledge of fundamental process to the diagnosis and treatment of patients. The increasing dichotomy of real communication between workers in the experimental fields and the clinicians in to contact with patient may well explain the increasing treatment of their patients.

The glitter of experimental science has led to the neglect of evaluation of clinical methods acting and then monitoring the progress of Heart failure. Even the classification the functional characterization of heart failure has persisted of unchallenged and unchanged for over 30 years during with time the majority of present day knowledge of cardiovascular function of ill-health and disease has been accumulated. Even the natural history of heart failure has attracted little attention despite the fact that the incidence and dismal prognosis of syndrome are self evident in practice.

The unpopularity of heart failure as a clinical topic is also reflected in the low level of clinical therapeutic interest in its connection.

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Digitalis and diuretics remain incompletely evaluated and uncritically accepted or the agents of choice in treatment on for less evidence of benefit than is currently demanded of any new drug. It is hoped that such comments may soon be made redundant by the stimulation of clinical interest and perhaps concern for the low level of therapeutic activity in the vital field.

During the last five years cardiology has continued to advance rapidly in the respect of investigations techniques, physiological concept and treatment, both surgical and medical.

Due to above reason it becomes logical, interesting to work out on HRIDROGA (SANNIPATAJA) especially congestive heart failure.

Whole of the thesis has been divided into four parts 1) Literary part, 2) Clinical part, 3) Summary part, 4) Appendicular part.

LITERARY PART: This part of thesis concept of HRIDROGA and historical evolution of HRIDROGA (Heart disease) as in Ayurvedic system of medicine and modern system of medicine have been discussed. According to symptomatology it has been also tried to correlate SANNIPATAJA HRIDROGA WITH congestive heart failure.

Relevant literature including classification and definition, atiopathogenisis of (SANNI PATAJA HRIDROGA) CONGESTIVE HEART FAILURE.

Clinical manifestation of congestive heart failure, SANNIPATAJA HRIDROGA, pathological investigation, radiological findings, E.C.G. findings, diagnosis, prognosis treatment and management has been discussed separately.

CLINICAL STUDY: In the present study HRIDAYA CHINTAMANI RASA (H.C.R) has been evaluated for its action on SANNIPATAJA HRIDROGA (congestive heart failure). It has been indicated in BHAS AJYA RATANA VALI (HRIDROGA PRAKARAN) for all types of HRIDROGA, lungs and heart related disease especially for SANNIPATAJA HRIDROGA.

32 cases of congestive heart failure have been registered but 21 cases of congestive heart failure have been studied in different groups. These groups were -

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1) H.C.R. group No. 1;

2) Digoxin (control group) No. 2;

3) Combined (HCR and DIGOXIN) group No. 3.

In each group 7 cases were taken. In group No. 3 Cap. H.C.R. (125 MG) T.D.S. in group No. 2, Tab. digoxin initially 1.5 mg. followed by 0.25 mg B.D. and in group No. 3, Tab. Digoxin 1.5 m.g. initially followed by 0.25 mg. B.D. and 1 cap. H.C.R., T.D.S. was given per day to each patient. All the medicines were administered orally.

The following facts were noted.

1) Hindu male were predominant in present study.
2) Majority of the patients were from poor income group and illiterate.
3) C.H.F. is significantly common in the 30 to 40 years of age group.
4) Diet and marital status have been noted no direct relation in the incidence of C.H.F.
5) Incidence of rheumatic heart (40.62%) and cor pulmonale (34.37%) has been found maximum in patients of C.H.F. in comparison of post renal (6.25%), hypertensive (9.37%). Post M.I. 3.12%) and aneamic type of congestive heart failure.
6) The percentage of insidious and acute incidence was found 68.75% and 31.25 % respectively.
7) Duration of illness was found 1 year to 3 years.
8) Incidence of C.H.F. was found significant in KAPHAJA, KAPHAJA VATAJA PRAKRITI.
9) Palpitation, tachycardia, dyspnoea, oedema on the dependent part, neck vein engorgement, liver enlargement and the tenderness, cardiac enlargement were main clinical feature of the patients of C.H.F.
10) Feeling of hotness was noted in some patients of H.C.H. Group and dizziness, headache, constipation, anorexia and vomiting, toxic effect in digoxin group was noted. But these symptoms were less in combined group.

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11) In H.C.R. and digoxin group 43% patients were improved and 28.5% were not improved. While in combined group 87% patients were improved and 28.5% not improved.

12) Death incidence were noted equal (28%) in H.C.R. and digoxin group, while in combined group death incidence was 14.5% in patients of C.H.F. which is highly significant, and quite encouraging.

13) A sense of well being were noted in some patient treated with H.C.R. and combined therapy.

STATISTICAL ANALYSIS:

On statistical analysis the result of treatment is improvement in the signs symptoms were found quite encouraging.

As regards the improvement in pulse, body weight, girth of abdomen, the P value were found 0.02, 0.05 and 0.05 in group No. 1, No. 2 and No. 3 respectively.

It shows that H.C.R. has a definite effect in the improvement of patients treated by H.C.R.

As regards the P value in improvement assessment in E.S.R. there is no difference in any of groups. Hence one can say that though congestive heart failure is not easy to cure than HRIDAYA CHINTA MANI RASA has got certain effect.

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1	[ArtID]	
2	[FolNo]	10
3	[SlNo]	2
4	[ArtTitle]	***A CLINICO-PATHOLOGICAL STUDY OF HRCCHULA (ANGINA PECTORIS) AND IT'S MANAGEMENT BY RASONA KSHIRA PAKA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. RAJEEV KUMAR VERMA
7	[NmeGuide]	Prof. Divakar Ojha
8	[NmeCoGuide]	Prof.P.K. Shukla, Dr.(Mrs) Jyothi Shukla
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1993
13	[EnNo]	213751
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present study was undertaken considering Angina pectoris as one of the most important medical problems as despite the availability of numerous modern drug, it is generally agreed that no safe and adequate treatment is possible through these drugs. These thesis meals with concept of hridaya shoola and its aetiopathogenesis in patients of Hridaya Shoola and its management by an indigenous drug Rasona as follows. Preparation of drug, selection of patients, diagnosis of Hridaya shoola, diagnosis of hypercholesterolemia, diagnosis of obesity, diabetes, hypertension, gradation of pain and dyspnoea, ECG, administration of drug, diet and living conditions, criteria for assessment of results have been described elaborately under the material and method. Through interrogation, physical examina-

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tion, dashavidh pariksha based on specific research protocol were done.

Amongst 30 cases most of the patients were age group 30-60 years and males. Patients from rural areas were 23.33%, while from urban area were 76.67%. 60% cases were vegetarian while 40% were non vegetarian. It was observed in this study that vegetarian persons had used ghee and hydrogenated oil by cooking. Patients of all occupation were affected equally. Most of the patients belonged to upper middle and lower middle class. 23.33% cases were recorded having addiction of tobacco smoking, in total 53.33% had history of different types of addiction and some patients had more than one type of addiction and some patients had more than one type of addiction. Obesity, diabetes and hypertension were recorded as associated disease with angina pectoris. Incidence of obesity was maximum. Obesity, diabetes, hypertension were recorded in family history of some patient. Adhik viyayama, mansik karanas were maximum aetiological factors in hridaya shoola patients. Precordial pain, dyspnoea on effort, palpitation headache and lethargy were recorded main signs and symptoms of the disease. Giddiness constipation., pallor, joint pains were also found in some patients. Kaphaja prakriti and dwandwaja prakriti seems to be more predispose to this disease. Vata dosha seems predominant in this disease. Meda sara persons seem to affect more. Mostly patient had madhyama samhanana, sama pramana, vyamisra satmya with madhyama and avara satva. There were very less number of patients having pravara ahara shakti i.e. 6.67%. No patients was recorded with pravara vijayama shakti. Incidence of obesity was recorded in 86.66% patients. In which 10% were severely obese. 66.67% cases had evidence of positive ECG findings.

70% patients got complete relief in chest pain and some improved in grades by the trial drug. 77.78% cases suffering from dyspnoea got complete relief while some improved in grades by trial drug after 3 months treatment. Trial drug produced highly significant reduction in body weight and highly significant reduction in body weight index. Highly significant reduction was observed in serum cholesterol level. 30% patients showed improvement in ECG finding.

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Concept of Hridaya Shoola described in Ayurvedic classics is similar to modern concept of angina pectoris.

Angina pectoris mostly manifests in age 30-60 years.

Males sex is affected more often than female.

Persons living in urban area affected more frequently.

Vegetarians using ghee and hydrogenated oil are likely to suffer by this disease.

Patients of all occupations were affected equally.

Upper middle and lower middle classes were found affected more.

Persons with addiction of smoking have high risk.

Persons who are obese, diabetics or hypertensive are more prone to this disease.

Persons having history of adhik vyayama and mansik karanas are more prone to this disease.

Persons having kaphaja and dwandwaja Prakriti, vitiated vata dosha and meda sara have predominantly higher incidence of this disease.

The study reveals no specific findings pertaining to samhanana and pramana.

Persons having sarvarasa and sarva sneha satmya, pravara satva, pravara ahara shakti and pravara viyayama shakti suffers less.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	46B
4	[ArtTitle]	***AYURVEDIC APPROACH TO ISCHAMIC HEART DISEASE.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K.R Venkatesh
7	[NmeGuide]	Dr. B.G. Gopinath
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	15 patients were selected for the study. Hridayarnava Rasa and Shringa bhasma were given in the dose of 125 to 250 mg twice daily. Result: Among 15 patients, 10 patients (66.66%) responded excellently, 1 patient was improved (6.66%) and 4 patients (26.66%) responded poorly. Summary: In this work the subject has been studied under 13 chapters viz derivation, definition, synonyms of Vataja Hridgroga and Ischaemic heart disease has been dealt and in further chapters anatomy and physiology of Hridaya, and in next chapters etiology, pathogenesis, prodromata, symptomatology, sapeksha nidana, upadrava, sadhya sadhyatwa and treatment has been dealt in the 10th chapter selection of the patient method of examination, mode of action of huge clinical diagnosis, laboratory investigation,

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electrocardiogram, changes diagnosis, laboratory investigation, electrocardiogram, changes in each can with etiological factors responsible are dealt. Detailed discussion of review of literature has been done.

In the last chapter conclusion of the work and suggestion for future has been written. 15 patients were selected for the study.

Hridayarnava rasa and Shringa bhasma along with Arjuna Ksheerapaka were given in the dose of 125 to 250 mg. twice daily. Among 15 patients, 10 patients responded excellently, 1 patient was improved, and 4 patients responded poorly.

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1	[ArtID]	
2	[FolNo]	10
3	[SlNo]	8
4	[ArtTitle]	***CERTAIN CLINICO-PATHOLOGICAL STUDIES OF HRID ROGA (ISCHEMIC HEART DISEASE)***
5	[ArtEqEng]	
6	[NmeScholar]	SUJATA YADAV
7	[NmeGuide]	Dr. Nagendra Prasad rai
8	[NmeCoGuide]	Dr.(Mrs.) Jyoti Shukla
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1996
13	[EnNo]	227009
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present study was undertaken considering Ischemic Heart Disease as a multispectrum disease which causes more deaths, disability and economic loss than any other group of diseases which is also named as a "modern epidemic". This thesis deals with the concept of some clinicopathological studies in Hrid Roga. The chapter of recent advances deals with New Cardiac Imaging Techniques and Interventional Catheterization Techniques to treat patients with Coronary Artery disease. Selection of patients, Division of various groups, Criteria for diagnosis of patients in various groups, Thorough interrogation, Physical examination, Dashvidh pariksha based on specific protocol were done. ECG diagnosis of IHD, Grading of precordial pain Dyspnoea, Laboratory techniques of doing some biochemical tests are mentioned.

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Observations and results showed that amongst 40 patients maximum were in the age group of 41-60 years. There was more predominance of IHD in males. 70% of patients belonged to Urban environment. IHD incidence was more in non - vegetarians but vegetarians are also affected. The occupational status showed that maximum cases were from Business class. Upper middle class patients were 35% and middle class 25%. Most of the cases under study i.e. (62%) were educated. Of the various risk factors, smoking was a major risk factor for IHD 22.5% patients had tobacco chewing and 35% cases hypertension, 32.5% cases had diabetes mellitus, 20% had family history, 27.5% obesity, stress and sedentary habits in 27 and 22.5% cases. Regarding type of IHD 37.5% cases presented as MI, 40% as chronic stable angina and 22.5% cases as unstable angina. Anterior wall and anteroseptal MI was most common. Amongst clinical features precordial pain was present in almost all cases,Dyspnoea on effort in 67.5%, diaphoresis in 37.5%, nausea in 25%, palpitation in 27.5% cases ECG findings pattern showed ST segment depression, Twave inversion in 15%, QS pattern in 20%, RSR pattern in 5% and ST elevation in 17.5%case. Echocardiographic findings showed reduced left ventricular function and wall motion abnormalities.

In various laboratory investigations, there was polymorphonuclear leucocytosis in differential leucocyte count which was more in MI than Angina group patients. ESR was raised in large number of cases. The platelets play an important role in the pathogenesis of atherosclerosis. In 37.5% cases the platelet count was raised. The blood urea pattern of patients under study showed that 75% cases had normal range, 12.5% had blood urea more than 60mg and same percent of patients were in group 40-60 mg. Blood sugar level showed that 15% patients had hyperglycemia. Hyperglycemia occurs frequently following Acute MI. Serum creatinine was within normal range in 75% case. Blood lipid levels were raised serum cholesterol level was more than 300mg.dl in 37.5% cases. Similarly plasma VLDL level was raised in 27.5%cases, LDL in 17.5% cases. Serum Triglycerides were raised in 87.5%cases, Total lipids in 32.5% cases. HDL cholesterol was low in both MI and Angina patients. Irreversibly injured myocardial cells release a number of enzymes in circulation, el-

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evated levels of SGOT, LDH, CK and CK (MB) were seen in MI patients.

Maximum cases were of Kaphaja Prakriti (40%). The signs and symptom present showed Vata Dosha involvement. Regarding Sara, Meda Sara was present in 17.5% cases. Madhyana Samhanana was present in 70% cases. Sama pramana was observed in 65% and Adhika pramana in 10% cases. 22.5% cases showed satmya of sarva sneha and rasa and 65% had ruksha and ek rasa satmya, 12.5% had vyamisra satmya. Madhyama satva was present in 47.5% cases. Ahara shakti was madhyama in 60% and avara in 30% cases. Vyayama shakti was avara in most of the cases. Maximum incidence of hrid roga was seen in madhya vaya (30-60years). Rajasika manas Prakrith was seen in 70%cases.Ruja was present in 81.5% case.Mansik karana in 35% cases and virudha Ahara in 20% cases was nidana of hrid roga. Kaphaja prakriti patients had higher mean of ESR and blood sugar levels. Meda sara patients had higher mean of serum cholesterol, serum triglycerides, serum VLDL, serum LDL and total lipids while the levels of serum HDL was found lower in these patients.

Concept of Hrid Roga described in Ayurvedic classics is similar to modern concept of Ischemic Heart disease.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	03
4	[ArtTitle]	***EVALUATION OF RISK FACTORS FOR CORONARY HEART DISEASE WITH SPECIAL REFERENCE TO LIPOPROTEIN-CHOLESTEROL***
5	[ArtEqEng]	
6	[NmeScholar]	Ashok Kumar Tiwari
7	[NmeGuide]	Prof.G.P.Dubey
8	[NmeCoGuide]	Dr.V.K.Singh, Dr.J.D.Gode
9	[Dept]	Dept. of Basic principles & Zoology
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1991
13	[EnNo]	201925
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic principles & Zoology
17	[AnyOther]	
18	[Abst]	One of the most important issues in gerontalogic planning and practice has been that of "Compression of morbidity". Coronary heart disease (CHD) is a major public health problem in developed countries. Despite substantial success in reducing premature deaths due to CHD in the past few decades, the disease is still a major killer. In addition, significant degrees of asymptomatic CHR are very common in the population. There is little dispute that elevations in serum lipid levels can influence the development of cardio vascular disease in middle aged persons. There are multiple studies of middle aged men which show that elevated levels of cholesterol and lipid fractions correlate with the development of coronary or cerebrovascular incidences. Cholesterol is transported in the blood through macromolecular complexes called lipoproteins. The two lipoprotein components that are without question athero-

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genic are the low density lipoproteins (LDL) and the B-very low-density lipoproteins (B-VLDL) which is derived from chylomicrons or VLDL. A group of lipoprotein, the High density lipoprotein (HDL) is decidedly not atherogenic. It is clear from the epidemiologic studies that a high level of plasma HDL is actually associated with the "Protection" against atherosclerosis and that a low plasma level of HDL predisposes to premature Atherosclerosis and CHD. The epidemiologic, clinical and experimental evidence clearly demonstrate that the likelihood that a person will develop or die of CHD is directly related to the level of blood cholesterol. As stated above, besides cholesterol, there are many other risk factors which play important role in the occurrence of CHD. Although the precise causes of Atherosclerosis have not yet been fully identified, clinical, epidemiological and bio-chemical evidence demonstrate that many major factors contribute to the process. These factors may be either physiological, personal or socio economic. While some of the factors may be controlled or changed to a significant extent some others like genetic composition, gender and advancing age etc. cannot be changed but, their effects can be mitigated. It is clear that factors like dietry habits, smoking habits, genetic factor etc., act only through the changing levels of cholesterol, HDL, VLDL and other lipoproteins which among themselves depend on each other. Thus, in any study of the evaluation of extent of CHD occurrence, it is more important to explore the relations and interrelations between certain major risk factors which are otherwise not directly measurable so that the extent of risk of CHD may be assessed in advance if the extent of one of them is known. It is well known fact that the incidence of CHD in any community varies considerably and as such no universal standards can be given. Therefore, recommendations of a study conducted in a western society might not be acceptable in an eastern region. Unfortunately, although there have been a number of recommendations from western studies, no such extensive studies have been made in developing countries like India. A few studies on the evaluation of extent of CHD conducted in India,, fail to recommend standards based on an objective and scientific study of the extent of associations of major risk factors with CHD. Since the socio economic, cultural and physiological structures changes considerably from

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community to community in the country, it is advisable to launch such studies in different parts of the country. As per recent census, eastern Uttar Pradesh is a thickly populated region in India with a low per capita income. The region, in recent years, is undergoing through a process of industrializations and urbanization. Like other parts of India, the incidence of cardiovascular disease has been reported to increase in this region. This motivated us to launch a long term study in the region to investigate the impact of various risk factors on the occurrence of CHD. As no data was available to suggest authentic indices or borderline levels of cholesterol and other lipoprotein levels in the population of the region, it was decided to include in this study both asymptomatic and symptomatic cases visiting psychosomatic and biofeedback clinic and other clinics of Sir.SunderLal Hospital, Banaras Hindu University, Varanasi.The present research is concerned mainly with the evaluation of existing relationship of various risk factors which have been supposed to have their impact on the incidence of coronary heart disease (CHD) and patterns of variations among themselves with age and sex. This has been done with the help of some standard statistical techniques such as correlation analysis, curve fitting and suggesting an appropriate multiple regression model which suits best to the observed set of data. As pointed out earlier, the risk factors are mainly biological because their effects are immediate and other socio economic and environmental risk factors ultimately affect through one or more of these biological factors. On the basis of this comparative study, efforts have been made in the present work to develop a guideline for the prediction of different degrees of hypercholesterolemia leading to the development of coronary heart disease.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1330
4	[ArtTitle]	***STUDIES ON ISCHAEMIC HEART DISEASES AND MANAGEMENT BY INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Chaturvedi G.N.
7	[NmeGuide]	K.N.Upadhyay
8	[NmeCoGuide]	N.P. Rai
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The clinical presentations of Ischemic Heart disease, such as Angina pectoris, Coronary insufficiency and Myocardial infarction have interesting resemblance with vatic hridaya roga, hritshoola and krimija hridaya roga respectively. In Ayurveda, the role of diet and the mental trauma has also been emphasized. Experimentally it was observed that alcoholic extract of Garlic (Allium sativum linn) and Arjuna (Terminalia arjuna) both has got significant hypocholestrolemic, hypolipidemic, anticoagulant and fibrinolytic action. Both possess cardio tonic property but they do not possess protective action against isopredline induced myocardial injury in rats. During clinical studies, 25 patients were given Lashuna ksheera pak in dose of 10gm pealed and boiled into 8 times of milk reduced to 174gm. in the morning as a single dose. Secondly

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Arjunarishta 40ml orally into two divided doses after meal were administered in 25 cases of I.H.D. Results were recorded on the basis of clinical, biochemical and E.C.G. findings. Duration of treatment was 4 weeks. The results of the clinical studies revealed that Lashuna ksheera paka has better hypocholestrolemic action while Arjunarisata has better anticoagulant action. Now it is hoped that Lashuna and Arjuna both may be safely used in the patient of I.H.D.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	38
4	[ArtTitle]	***A STUDY ON TRIMARMA (HRIDAYA, VASTI AND SIRA) WITH SPECIAL REFERENCE TO HRIDROGA***
5	[ArtEqEng]	
6	[NmeScholar]	P.K Mohanlal
7	[NmeGuide]	Dr. L.Sarada Amma
8	[NmeCoGuide]	Dr. N.S.Narayanan Nair
9	[Dept]	Department of Marma
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1975
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Marma
17	[AnyOther]	
18	[Abst]	The work was carried out to establish the importance of the three Marmas viz. Vasti, Hridaya and Sira and to find out a proper management for Hridroga. Among the 107 marmas these three have more importance. The work is mostly concentrated on Hridaya. The literary review of the other two marmas is also given in detail. Literary review contains the importance of these vital organs, their relations with each other lakshanas due to abhighata and its treatment. According to modern physiology these three marmas represents the three main physiological functions of the body. Hridaya represents the Cardiovascular system, Vasti represents the Genito-urinary system and Sira represents the central Nervous system. The term Hridaya in Trimarmeeya is Puppusa yukta Hridaya because Hridaya is the moola of Pranavaha srotas. Therefore by the term Hridaya can be considered as Puppusa

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yukta Hridaya. The term Vasti includes the organ vrikka also because the diseases which are to be originated due to the derangements of vrikka will affect the functions of Vasti. So, the term Vasti can be called Vrikka yukta Vasti. The clinical study of this work was mainly on vataja Hridroga. Cases were selected on the basis of the prescribed criteria and were classified according to prakriti. Vatakapha prakriti and vatapitha prakriti patients were selected. For vata kapha prakriti Rasonadi kvatha was given. Among these patients 50% got maximum improvement. 20% showed moderate and no change was observed in 30%. Vatapitha prakriti patients were treated with Urovasti with Dhanwantaram tailam. One patient showed some slight complication like giddiness, nausea etc., so the treatment was discontinued. For others the treatment continued for seven days. Among them 25% got good improvement, 25% moderate improvement and there were no response to others. Further studies should be conducted on the subject on the basis of the findings which are got here. It would be beneficial not only to Ayurveda but also to the ailing thousands of the world.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	48
4	[ArtTitle]	***A CLINICAL EVALUATION OF AN INDIGENOUS COMPOUND ON ARTERIAL HYPERTENSION***
5	[ArtEqEng]	
6	[NmeScholar]	Jai Shanker Prasad
7	[NmeGuide]	Dr. G.C. Jain
8	[NmeCoGuide]	Dr. N.D. Mishra
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1993
13	[EnNo]	AY/91/3
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The prominent feature of the present thesis "A Clinical evaluation of an Indigenous Compound on Arterial Hypertension" has been divided into literary part, drug review, clinical study and appendices.

Literary review: In this part importance of the hypertension in the present situation of the society and its mortality rates have been introduced. Again it has been divided into two parts.

a) Ayurvedic review

b) Modern Review.

Ayurvedic Review: Although the description of hypertension as such in not available in the classical texts of Ayurveda but on the basis of similarity with the features of hypertension, Pitta – KAPHA PRANAVRIT VYAN resembles very much.

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Many workers have different names of hypertension on the basis of symptomatic similarity as, RAKTA GATA VATA, SIRAGATA VATA, VYAA BALA, and AVARAN etc. In present thesis we have tried to correlate PITTA KAPHA PRANAVRIT, VYAN as hypertension on the basis of physio pathological and symptomatological similarity.

MODERN REVIEW: Usually hypertension is discovered accidentally in routine check-up for different purposes. It is usually known who it become fatal to life 50. the clinical features are variable. It is known as silent killer and is usually secondary to effects on blood vessels in the various organs and tissues onto increased load borne by the heart. The various clinical features may be categorized as cerebral, cardiac, venal ocular and other miscellaneous.

Hypertension have been classify in two main groups.

1) Essential or idiopathic of primary hypertension.

2) Secondary hypertension.

Essential hypertension is the commonest form of hypertension and is found in about 35% of cases without any obvious causes, secondary hypertension is found in the remaining 5%. Clinically hypertension has been classified into Borderline, Mild, Moderate, Severe, and Malignant on the basis of its fatal tendency. The various factors which have been recognized in the pathogenesis of hypertension are heredity, race, environment, abnormal psychologic stimuli excessive salt intake, humoral influence etc. Kidney, neurologic factors, obesity and physical activity tobacco, Alcohol, and obesity have also important role in the genesis of hypertension.

The main complication of hypertension can be divided into cardiac, cerebro-vascular and renal.

The object of the treatment is to maintain constant reduction of standing blood pressure. Keeping is view to the state of degrees of involvement of the organs, the level of the diastolic pressure, duration and rate of its progress age, an appropriate anti hypertensive drug, which should produce a safe reduction in both diastolic and systolic blood pressure without causing tolerance on long term administration and in free from toxic and side effects may be selected.

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DRUG REVIEW: In the present study we have taken a combination of indigenous drugs (Sarpgandha, Ashawagandha, Jatamansi, Vacha, Punarnava, Gokshur and Shankh puspi) named "Indigenous compound". Drug review, includes brief description about all the ingradients of the trial drug "Indigenous compound". Several diterpens, its chemical constituent and pharmacological action is mentioned.

CLINICAL PART: In present study twenty five (25) cases were selected for the trial after selection and diagnosis based on certain criteria on a prepared proforma

The duration of trial drug was 3 weeks. The drug had been given in the form of churna and in the doses of 3 gm three (3) times a day with water. After the completing the trial the following observation has been found.

1) **Age incidence:** The maximum number of patients was found in 4th, 5th and 6th decade of life.

2) **Sex:** The male patients were more in number than female.

3) Religion: Only Hindu patient twenty five (25) in number were recorded, not a single patient was found from other communities.

4) **Occupation:** In this study the maximum number (44.1%) were found from service class and 28% were found from business class.

5) **Educational Status:** Majority of patients (68%) were educated upto graduation standered.

6) **Economic:** Maximum hypertensive patient (60%) was found from middle income group.

7) **Diet:** Out of Twenty five (25) Patients Fifteen (15, 60.00%) Patients were vegetarian and ten (10, 40.00%) were non-vegetarians.

8) **Weight:** Maximum number sixteen (16, 64%) of patients were found from high weight group (60 to 79 kg of body weight.

9) **Exercise:** Maximum number of patient fourteen (14, 56%) were recorded from group having mild physical exercise.

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10) **Family History:** In the present study maximum number of patients sixteen (16, 64%) were found from the group having family history of Hypertension or other diseases. Only nine percent (9%) patients were recorded having not any family history of Hypertension or any other abnormalities.

11) **Marital Status:** All the patients were married in this present clinical study.

12) **Dwelling:** Maximum number of patients twenty (20, 80.00%) were from urban area and five (5, 20.00%) from Rural area.

PRAKRITI — VATA PRAKRITI was found dominant (40%).

Blood pressured: The effect of the trial drug has been found highly significant. The mean systolic B.P. before trial was 188.00± 13.73 and the diastolic blood pressure 101.6 ± 5.906 mm of Hg which reduced to 140.62 ± 10.820 mm of Hg and 80.96 ± 5.157 mm of Hg respectively after the drug trial for three weeks. The 't' value of systolic and diastolic blood pressure was found 10.447 and 10.261 before the trial. After the drug trial 3 week 't' value of systolic and diastolic blood pressure was 12.2109 and 12.731 respectively yet. The 'p' was <0.001 in systolic and diastolic also after the three weeks trial which is highly significant.

Investigation: The drug has been found much significant in reducing the serum cholesterol and blood urea also. But it has little or no effect on Blood Sugar, Serum Triglycerides, Serum Creatinine, and routine blood investigation.

E.C.G. & X-Ray: Due to unavoidable condition E.C.G. and X-ray could not be done.

Symptomatology : The symptoms of the patients were noted and studied individually every week. The drug has significant effect on symptomatology also. Total number of symptoms found in the patients was 15. most of them were completely or partially relieved after the trial. So it can be said that the drug has significant effect on symptomatology. As the main ingredient of the drug is Sarpgandha and it has so many side effects, but only persistant tiredness was found as side effect of the drug. Nasal congation and lack of sexual desire was also observed in some cases. Hence it can be said that the trial drug is safer than Sarpgandha alone.

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1	[ArtID]	
2	[FolNo]	10
3	[SlNo]	6
4	[ArtTitle]	***A CLINICO-PATHOLOGICAL STUDY OF RAKTAGATA VATA (HYPERTENSION) AND ITS MANAGEMENT BY JATAMANSI CHURNA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. BHUPINDER PAL
7	[NmeGuide]	Prof. Divakar Ojha
8	[NmeCoGuide]	Prof. P. K. Shukla, Dr. (Mrs.) Jyoti Shukla
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1993
13	[EnNo]	211871
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present piece of research, entitled "A Clinico pathological study of Raktagata vata (Hypertension) and its management by Jatamansi churna", essentially aims to undertake the literary and conceptual evaluation of hypertension in terms of Ayurveda v/s modern as well as to assess the clinical efficacy of Jatamansi, a classical Sangyasthapaka (Medhya Rasayana) drug, in the treatment of hypertension. The literary and conceptual studies undertaken in the present context indicate that the disease "Hyper tension" has not been described apparently, in Ayurveda. Recently researches in the field of Ayurveda have tried to provide appropriate name to the clinical entity "hypertension", on the basis of various reference available in Ayurvedic texts like Raktagata Vata, Siragata Vata, Rakta Sampeeda etc.The pathogenesis of, hypertension seems to based

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on various factors like: Asatmendriyartha Samyoga, Pragyapradha and Parinama: lowered status of Vyadhikshamatva; Mandagni, and ultimately, Viciation of all the three doshas, with dominance of Vata Dosha. Patients oriented approach in Ayurveda which includes "Dash Vidh Rogi Pariksha" is also a essential aspect while treating hypertensive patients.

The final clinical sample, included in the present study, consists of 40 patients having history of mild to moderate degree of primary hypertension with varied duration (diastolic blood pressure ranging between 90 mm of Hg to 114 mm of Hg). The age of the patients ranges between 20 to 80 years. These patients have been randomly placed in two groups i.e. placebo control group (20 patients). The duration of treatment has been 10 weeks with the follow up interval of 2 weeks.

The effect of treatment has been measured in terms of change of blood pressure and pulse rate. The results have also been correlated with Deha prakriti of the patients. Occurrences of any side effect of the drug has been taken care of.

The patients of both the groups have exhibited fall in blood pressure after 10 weeks of trial period, but the rate of fall of blood pressure has been observed greater in Jatamansi group as compared to the placebo group. The change in pulse rate has been statistically insignificant. No side effect of the drug could be observed during the study period.

The response of Jatamansi, as measured in terms of Deha - Prakriti, almost similar effect has been observed in various prakritis. Hence, it may be concluded that jatamansi which has laghu, snigdha guna; tikta, kashaya, madhura rasa, sheeta virya and katu vipaka, is tridosha shamaka and have the capacity to alleviate all the dosha involved in the pathogenesis of hypertension.

The Jatamansi, being essentially a Sangyasthapaka drug, exerts a redative action and being a medhya rasayana may be providing a specific nutritive support to the brain at molecular level thereby improving its functions. In terms of established ayurvedic doctrines normalization of blood pressure,

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relaxation and transquility may be the vital component of such outcome.

In view of the above observations, it can be concluded that the jatamansi can be advocated as a primary treatment in mild to moderate hypertension and may also be advantageously used in case of severe hypertension, as adjunct to conventional antihypertensive therapy.

Thus the present study has yielded useful information in the treatment of hypertension and opens up new vistas of research for the further studies to be initiated in this field.

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1	[ArtID]	
2	[FolNo]	10
3	[SlNo]	4
4	[ArtTitle]	***AETIOPATHOGENESIS OF HYPERTENSION IN AYURVEDA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. SHIVARAMA JOSHI
7	[NmeGuide]	Dr. B.N. Upadhyay
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1998
13	[EnNo]	234493
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present study entitled" **Aetiopathogenesis of Hypertension in Ayurveda**" essentially aims to work out a comprehensive aetiopathological study of hypertension followed in patients of this region. The gist of the whole study can be summarized and concluded in the following points. Review of Ayurvedic Literature begins with the review of previous works regarding the nomenclature of hypertension in Ayurveda. It has been critically examined and we have come to the conclusion that most of the authors failed to support their hypothesis by authentic arguments. Depending on recent changing trends some authors arguments look obsolete. Although few of them succeeded to support their hypothesis, their explanation about aetiopathogenesis of the disease is

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incomplete. Even though we borrowed views of different authors, instead of sticking to any specific nomenclature we tried to concentrate more on aetiopathogenesis.

In the light of modern medicine, utilizing the Ayurvedic fundamentals, we tried to study the control of blood pressure and pathophysiology of hypertension in Ayurveda. According to this study we can have the following conclusion.

Cardiovascular system can be compared to Rasavaha Srotas in Ayurveda. So the disease arterial hypertension can be attributed to Rasavaha Srotas.

From the word blood or Rakta we have to consider both Rasa and Rakta Dhatu. Both are moving together (Rasa-Rakta Paribhramana). This is the factor which is exerting pressure on the arteries. While considering the involvement of Dooshya, we have to take into consideration both of Rasa and Rakta.

Vyana is the Vata which is mainly responsible for Rasa Rakta paribharamana. Under physiological limit, this Vyana Vata keeps the vascular tone and cardiac output in normalcy. When this Vata gets vitiated, it leads to increased vascular tone and increased cardiac output leading to increased B.P. we have compared Vyana Vata with sympathetic nervous system. This Vyana is under the control of Prana Vata.

It is also very much clear that along with Vata there is also role of Kleda (Na+and water) and Pitta in the pathogenesis of hypertension.

As observed during the study, Vrikka plays major role in the homeostasis of Kleda which suggests that Vrikka has definite role in the pathogenesis of hypertension

After assessing both clinical features and aetiological factors explained in modern medicine, we can predict that main Dosha involved is Vata.

The disease hypertension can manifest as either Nidanarthakara Roga, Upadrava of other diseases or may manifest with other disease as a Vyadhi Sankara.

From the assessment or the study of 80 registered cases we

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can draw the following conclusions.

Excessive intake of salt, chilly, heavy and fatty foods, over exercise, cold season, excessive stress, people living in urban area, persons belonging to middle income group, male,females after the menopause, old age, people habituated to tobacco, alcohol, smoking,obesity, diabetes, hypothyroidism, glomerulonephritis are considered as Nidana in the pathogenesis of hypertension.

Hypertension is a disease more prevalent in Vata Kapha prakriti individuals.

Type A personalities are more prone to develop hypertension.

No Poorva Roopa symptoms are available in hypertension.

From the assessment of aetiology and symptoms in registered cases we can conclude that:

Hypertension is a Vata predominant disease.

Dooshya involved are Rasa and Rakta.

Hypertension is a disease of Rasavaha Srotas.

Adhisthana of hypertension is Sarva Shareera.

Hypertension is a Pakwashaya Samutha Vyadhi.

Stage of established hypertension is Niramavastha.

Prognosis of the disease hypertension is Yapya.

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1	[ArtID]	
2	[FolNo]	2A
3	[SlNo]	26
4	[ArtTitle]	***AETIOPATHOLOGICAL STUDY OF HYPERTENSION WITH ASSOCIATED MENTAL ILLNESS AND MANAGEMENT WITH PRASADINI VATI AND MANSYADI KWATHA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Prakash Chandra Padhee
7	[NmeGuide]	Dr. Lok Nath Sharma
8	[NmeCoGuide]	Dr. Shri Krishna Khandel
9	[Dept]	Department of Rog & Vikriti Vigyan
10	[Insti]	National Institute of Ayurveda, Jaipur
11	[Univ]	Rajasthan Ayurvedic University, Jodhpur
12	[Year]	1999
13	[EnNo]	96/40382
14	[Lang]	Hindi
15	[Study]	M.D.
16	[SubStudy]	Rog & Vikriti Vigyan
17	[AnyOther]	
18	[Abst]	Disease review traces the conceptual part including Historical review, Previous work done, Anatomical and Physiological review and Aetiopathological or Precipitating factors of both Ayurvedic and Modern view. In Ayurvedic texts and other old classics including Vedas, Puranas, Upanishada etc. do not comprises this disease directly. But related to the circulatory system so many descriptions have been given in Atharva veda. The main references have been given in this chapter. According to manifestation, signs and symptoms and treatment it is nothing but rasaraktavrita vata. Previous work done related to this topic has been given in this chapter.

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Diagnosis method comprises a detailed and different parameters have been described to selecting a patient. In this study only the essential hypertension was included.

Drug review deals with the selection and detailed pharmaco dynamic study of the trial drugs Prasadini vati contains (Shankhapushpi and Sarpagandha) and Mansyadi kwatha contains (Jatamansi, Ashwagandha and Khurasani Ajawayana). Both the drugs studied according to their Ayurvedic and modern pharmacological properties.

Clinical study, describes the protocol followed in the study undertaken to evaluate the role of Prasadini vati and Mansyadi kwatha. The dose of Prasadini vati was 500 mg. And Mansyadi Kwatha of 20 ml. Twice daily each. In placebo therapy, atta powder was filled in the capsule. The duration of the drug and placebo therapy was 28 days. In this chapter different diagnostic scoring of symptoms of hypertension were taken as parameters.

It was seen that, between 25-30 yrs. of age group of patients were as a max. of 25% than the other groups, males were more prone(60%) for this disease than the female. 60% of Hindu religion, govt. servant(25%), 40% of patients were in middle economical status 40% were uneducated, 80% were married, 55% were addiction of tea and 45% were of smoking, 50% were veg and non-veg. both, 65% were in irregular food habit, 40% were in disturbed sleep, 35% were of sitting nature of job, 55% were of vata pittaja and 70% were of satwa raja prakriti, 60% were of medium body build, 50% were of 5 ft. 7 inch. -6 ft. height range, 30% were of 51-61 kg weight range, a max. of 35% were of mamsasra, 40% of patients were susamhata, 45% were of madhyama satmya, 45% were of avara vyayama shakti, 70% of patients were of no family history, 80% of cases were of duration of illness was within 1 year, 55% of patients were having no treatment history.

Cardinal symptoms, anidra gave a max. (66.6% $p<0.001$) result followed by bhrama (55.5% $p<0.05$) and in other symptoms like shrama, udvignata etc. gave mild result i.e. less significant. In placebo therapy it did not give good result as comparative to drug therapy besides sirahshoola (50% $p<0.01$)

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In associated symptoms viz. shwasakrichhrata, toda, hrillasa, kostha kathinya etc. both the drug therapy and placebo therapy did not give good results as comparative to cardinal symptoms.

Action in blood pressures both the drug therapy and placebo therapy was effective. But in drug therapy a marked reduced in both systolic (P, 0.001) and diastolic pressure (P, 0.001) was seen than the placebo therapy. i.e. $p<0.05$ and $P< 0.05$ which were statistically highly significant and significant respectively. Pulse rate was reduced in drug therapy i.e. $p<0.01$ which is significant and in placebo therapy shows that $p<0.05$. so both the therapies reduced the pulse rate but in drug therapy it is more effective than the placebo.

Weight reduction was seen in drug therapy which is statistically significant than the placebo therapy. But why? No conclusion ruled out. No significant change in blood sugar was found in both the therapy. a significant S. cholesterol level reduction was seen in drug therapy i.e. $P<0.05$ than the placebo therapy. So, more change has been seen in placebo therapy.

So, finally to over all effect of drug therapy gave the conclusion, that 3 patients (30%) were cured, 1(10%) patient was markedly improved, 1 patient (10%) was impoved 1 patient (10%) was moderately improved, 4 patients (40%) were mildly improved and no patients was seen as unchanged.

The over all effect of placebo therapy shows that, 2 patients (20%) were cured, 1 patient (10%) was moderately improved, 3 patients (30%) were mildly improved and 3 patients (30%) were seen as unchanged. In this way the effect of Prasadini vati and mansyadi kwatha was ruled out in essential hypertension by comparison with placebo therapy. The assessment of role of Prasadini vati and mansyadi kwatha in hypertension was done according to the results of after subjecting the observations of the clinical trial to statistical analysis. All the relevant data with graphs are presented in this chapter.

Discussion, deals with the discussion on the entire thesis, the principal areas of concentration of the discussion is the concepts of clinical data, the results obtained in the clinical study

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is discussed with reference to relevant arguments either in favor or against the results.

Summary and conclusion, summarizes the entire thesis and the conclusion drawn from it are presented in it. the above described paragraph summarize the respective chapters of the thesis.

The conclusions of the same are being presented:

From the conceptual study it seems that hypertension is nothing but rasa and raktavrita vata. It is something similar to the rasa and raktaja vyadhi according to its manifestation, signs and symptoms and treatment aspect. From the drug review it indicates that, Prasadini vati and mansyadi kwatha have some extent of good role in essential hypertension by tranquilizing effect, sedative effect, psychotropic and neurotonic properties. From the clinical study, the following conclusions are being drawn: The applied drugs have highly significant effect on both systolic and diastolic blood pressure.

It reduces the pulse rate and pulse pressure. The applied drugs have no such good effect on associated symptoms. It acts best in newly hypertensive patients i.e. within one year have a B.P. reading 140/100 mm Hg.

Mostly vata pittaja prakriti, satvaraja prakriti are more prone for this disease. Mental factors are main causes of essential hypertension than the physical factors. With drug therapy asanas, pranayamas and diet restriction play a vital role to reduce the both systolic and diastolic blood pressure which was highly significant. A patient taking of anti-hypertensive drugs (Alo) and withdrawal of that same suddenly, it may further elevation of blood pressure. In placebo group also reduction of blood pressure was seen as drug therapy group but it may due to asanas and pranayamas. It is hoped that the conclusions drawn and the questions raised from the work will act as a stimulant to initiate further work on this subject.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	63
4	[ArtTitle]	***CLINICAL EVALUATION OF SARPAGANDHADI COMPOUND ON HYPERTENSION***
5	[ArtEqEng]	
6	[NmeScholar]	Kalpana Raghuvanshi
7	[NmeGuide]	Dr. C.B. Dube
8	[NmeCoGuide]	Dr. Shail Bala
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1988
13	[EnNo]	L 777519
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The hypertension is one of the most dreadful problems among the blood vascular accidents. Though its symptoms and complications have been described in various nomenclature but the entity as hypertension of UJCHA RAKTADAH such a similar name has not been provided by Ayurvedists. If we go through symptoms and complications of disease we find that symptoms given in major and minor criteria i.e. headache, dizziness Anxiety, Insomnia, dyspnoea, Weakness, Palpitaion, irritability, numbness, tingling tinnitus, cramps, lack of concentration coldness affecting the legs has been described by the name of SHIRASHOOL, VAPATHU, CHITTODYEG, HIDRAALPATA, SHWAS, DAURBALYA, SHABDA ASHADHYATA, SPANDANA SHUNAYATA, UDDIPTA SAMVENDANA SAMKENDRAABHAVA SHUCHIBHADENAVATA PEEDA respectively. Complica-

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tion of hypertension which results into haemorrhages as encephalopathy (ARDIT, AKANGGHAT, ARDHANGGHAT) and RETINOPATHY (SADYADRASTINASH) and Haemorrhage in other places i.e. in the name of RAKTA PITTA, have been described.

Various authors of Ayurvedic classical commentator have also suggested some of the names for eg. RATA VATA or SHOLINTAVATA, SHIRAGATVATA, RASACHAYA. MOST OF THE AUTHORS concept vayu is one of the important factors responsible for present nomenclature of hypertension and few learned authorities have propounded the average theory of hypertension.

In our school we think that Vyan Vayu is affection of all which is responsible for all chala Karma activities of the function of heart. The place of Vyan Vayu and function of Vyan Vayu have been told in heart and circulation respectively.

The avarana of various doshas may be responsible for the various types of blood pressures in various classics.

Now we have again to think on the specific problem which have not mentioned in Ayurvedic classics and require involvement of Ayurvedic physicians such as hypertension, AIDS and such other diseases should be incorporated as such in Ayurvedic nomenclature with Ayurvedic treatment so that we can fulfill the aims of treatment in full.

In the present situation we have selected the cases under criteria mentioned in methods and material i.e. raised B.P. more than 160/95 mm. of Hg with five sign and symptoms present in major and minor criteria in proportion 3:2 respectively and we have also decided to diagnose the case as per criteria given above and to treat the patient with our compound as per requirement of disease elevations.

SARPAGANDHA compound has been named to this new compound containing nine herb: SARPAGANDHA, JATANANSI, SHANKPUSHPI, BHRINGRAJ, KAKMACHI, PUSHKARMOOL, RACHA, BIB HITAK, PUNARNAVA. Three BHAWNAS or decoction of

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SARPGANDHA, JATAMANSI, SHANKPUSHPI, and BHRINGRAJ has been given to increase the hypotensive potency of drug.

Thirty patients were selected and subjected for treatment. Out of which twenty four cases continued the treatment and six dropped out.

Investigations – T.L.C., D.L.C. Stool, Urine Routine investigations done with serum cholesterol, blood urea, serum creatinine X-ray and E.C.G. were done before and after treatment. No change was noticed in stool, urine, routine investigation.

Ten cases were found having increased serum cholesterol. After treatment of four weeks serum cholesterol was found reduced in increased. One patient of chronic renal failure of high blood pressure was also tried but no satisfactory result was found in reduction of blood pressure.

Sign and symptoms: As regards sign and symptoms most of the symptoms were found vanished and at the end of four weeks treatment except few in which it responded more than 80% of cases.

Drug is mild laxative, diuretic and hypotensive.

The compound SARPAGANDHADI is found very effective in patient of mild to moderate hypertension, since it has got the properties of VATAANULCHAN, PITTA NASHAN AND KAPHAHAR. Hence the whole compound is Tridoshaar and VYADHIHAR.

Action on Blood Pressure: Twenty-four patients were subjected for the treatment that was having only mild to moderate blood pressure. In patients before treatment the mean observed reading of systolic B.P. 167.54M of Hg ± 23.82mm. of Hg and diastolic B.P. before treatment the mean was 103.21 mm. of Hg ± 23.82 mm. of HG AND DIASTOLIC B.P. Before treatment the mean was 103.21 mm. of Hg±8.30 mm. of Hg. After one week treatment the reduction B.P. was found 155.70 mm. of Hg ± 19.4 mm of Hg and at the end of second week reduction was 146.25 mm of Hg ± 23.89 mm. of Hg and at the end of third week their was further reduction in systolic

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B.P. and it was observed 138.54mm of Hg ± 23.6mm. of Hg. After that there was no reduction in B.P. and at the end of fourth week there was systolic blood pressure increased to 146.25 mm. of Hg. ±2.35 mm. of Hg. Thus we can conclude that there was reduction in blood pressure and average of 10mm. of Hg/week but after week the blood pressure increased nearly average of 8 mm. of Hg and remained stationary at the end of fourth week.

The diastolic B.P. before treatment average was found 103.21 mm. of Hg. ±8.30 mm. of Hg. After the first week diastolic blood pressure reduced to 92.59 mm. of Hg ±8.52 mm. of Hg and at the second week mean was 85.33 ± 8.27 mm. of Hg and at the end of the third week of treatment the average diastolic blood pressure was found 83.52 mm. of Hg. ±8.92 mm. of Hg and at the end of fourth week treatment blood pressure was slightly increases. Average was 85.28± 1.67 mm. of Hg.

By the above conserved data we came to this conclusion that the affect of SARPGANDHADI compound is only on the raised blood pressure. It does not reduce the blood pressure further even if the treatment was continued beyond normal level of that person. In this present study the blood pressure systolic and diastolic both have been found reduced to a certain level and after that there was no reduction.

By this observation we can conclude that like the modern medicine there is no continuous fall of Blood Pressure till the medicine is continued and the patient reaches in hypotension condition which is sometimes troublesome condition for patient. If we see the 't' and 'p' value of statistical analysis that drug has significant action in reducing systolic as well as diastolic B.P. The 'p' values have been found at the end of I, II, and III week less that .0001 which is highly significant.

Diurectic action of Drug: In most of the patients increased diuresis was noticed which is again important thing inpatients of high blood pressure. Though no proper regard of input and output was maintained due to the presence of PUNARNAVA and KARMACHI there was diuresis. This diuresis was also found helpful in cases of dyspnoea where abnormal fluid load of body was reduced.

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Insomnia and headache is again are great problems for the patients of hypertension but both were elevated in present study. This action was quite marked and no patient complaint headache and insomnia and there was no response in one or two patient who did not response in high blood pressure. This action may be due to JATAMANSI, SARPGANDHA, SHANKPUSHPI and their BHANAS.

RESULT :

To assist the result the following criteria was made

Cured – In this group those patients were kept whose raised blood pressure reduced to normal without treatment at least for three months along with that the patients so had been also free from all the symptoms should be able to do all this routine and normal work and should feel well being. Such patients were found more than 70%.

Improved – In this group patients were kept in three headings i.e. improved +++ Improved ++, Improved + Roughly it can be concluded where improvement was 75%, 50%, 25% such patients were grouped +++,++,+ respectively. Improvement +++ - In this group blood pressure was reduced and symptoms free but not with desired level. Some or how patients were complaining even often the last week of treatment, but the patient able to do routine work, feeling of well being also.

In improvement ++ there was transitory action of drug on blood pressure with improvement in certain symptoms.

In + improvement there was little action of blood pressure and symptoms were not influenced by the drug till after increasing the dose. Such patients were there +++ one in ++ and one + (Fig .9).

All these +++, ++, + and improved patient are shown in histogram in one heading improved. No response No response has been found in two patients. 8.24% of cases which did not respond the drug in any way. There was no reduction in Blood Pressure at all though sign and symptom was found reduced to a little extend. Such patients were kept no response.

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1	[ArtID]	
2	[FolNo]	28
3	[SlNo]	40
4	[ArtTitle]	***EFFECT OF GUDUCHI AND BIBHITAKA ON HYPERTENSION (RAKTA VATA)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. P.V. VARA PRASAD
7	[NmeGuide]	Dr. V.K. Joshi
8	[NmeCoGuide]	Prof. K. Tripathi
9	[Dept]	Department of Dravyaguna
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1998
13	[EnNo]	201681
14	[Lang]	English
15	[Study]	Ph.D
16	[SubStudy]	Dravyaguna
17	[AnyOther]	
18	[Abst]	In the developed/developing industrialized world hypertension is a significant cause of death. In India the incidence is increasing in urban population, particularly during 5th and 6th decades of life. Hereditary, vascular hypertrophy, sympathetic reactivity increased peripheral resistance, hyper insulinemia, rennin angiotensin system are involved in the genesis of primary or essential hypertension. Other associated conditions of factors with hypertension are obesity, lack of physical Activity business and office work, smoking, alcohol intake caffeine and high salt intake. In 20th century hypertension has been termed as Rakta vata by Ayurvedic scholars considering predominant involvement of vitiated vata and rakta. Apart from that vitiated and pitta

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and rajoguna have also important role in the development of Rakta vata.

The signs and symptoms have been described for hypertension are seen in the patients of Rakta vata, (which are produced due to vitiation of vata, pitta and rakta (sharirika doshas) and vitiated rajoguna (manasika dosha).

The similarity complications as found in hypertensive patients are also seen in Rakta vata patients who do not restrict themselves from sharirika dosha and manasika dosha vitiating factors.

The selected drugs Guduchi(Tinospora cordifolia(Wild Miers) Bibhitaka (Terminalia belerica

Roxb) have been found vata pitta and rakta pacifying properities with added advantage of medhya action.

Guduchi and Bibhitaka both in the doses of 4ml (4mg) on perfused frog heart shown decrease in heart rate and amplitude. This action resembles the action of reserpine as phenomena of tachyphylaxis.

Both the drugs have shown reduction in systolic and diastolic blood pressures and it was statistically significant. The relief in majority of symptoms was also found with these drugs either alone or in combination, when compared with control as well as conventional drug, Propranolol treated group.

Guduchi is found more effective on systolic blood pressure and Bibhitaka on diastolic blood pressure. More better response was noted with the combination of Guduchi , Bibhitaka as well as Guduchi, Bibhitaka and propranolol. This confirms that the trial drugs are effective high blood pressure.

Both the drugs Guduchi and Bibhitaka are effective in stage 1 (mild) and stage 2(moderate) hypertensive patients either alone or in combination. But much more effective in combination. These may be used as adjuvant therapy along with other modern drugs in stage 3 (severe) cases.

No side effect was reported in group of patients treated with combination of Guduchi and Bibhitaka (Group E) where 40% had tingling with propranolol (group B) and 13.3% with Guduchi +Bibhitaka + Propranolol (Group F). This indicates

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that Guduchi and Bibhitaka helps in reduction of tingling caused by propranolol. Though it is a significant finding, but a more detailed study is required.

* Rakta vata is the appropriate nomenclature for hypertension.
* Guduchii and Bibhitaka have shown effect on hypertension by lowering the systolic and diastolic blood pressure either administered alone or in combination.
* This effect is due to pacifying vitated sharirika and manasika doshas.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	65
4	[ArtTitle]	***EFFECT OF JATAMANSYADI YOGA ON ESSENTIAL HYPERTENSION A CLINICAL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	Virendra Swarup Srivastava
7	[NmeGuide]	Dr. P.S. Chaure
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1986
13	[EnNo]	L/83/MY/1
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Should we must have a name for the disease or diagnose and treat the patient on the basis of Nidan Panchak, mostly depending on the symptomatology produced by vitiated Doshas? The advice in this matter is very clear in ancient Ayurvedic Classics. The remnants of the ancient Ayurvedic Medical Treasures, although are full with description of vitiated Dosha Laxanas but no suitable term for comparatively modern diseases like details of heart disease, hypertension, varieties of new growths and to include latest, the AIDS (Aquired Immuno Difficiency Syndrome) are not made in these ancient Ayurvedic classics therefore their treatment is also not described. But the present day physician of any pathy or system meets with the patients complaints diagnosed as hypertension or say, Essential Hypertension.

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Enthusiastic modern Ayurvedic research workers have tackled this problem with some gravity and have extended a number of conditions together to be labeled as Arterial Systemic Hypertension, more so the Essential Arterial Hypertension. Some labelled classical conditions of AVARNAS have been forwarded mainly on this basis of their symptomatology favouring hypertension. These include PITTAKAPHA PRANAVRITA VYANA, PITTAKAPHA VYANAVRIT PRANA, SAMANAVRITA VYANA, RAKTAVRITA VATA, UDANAVRITA VYANA, PRANAVRITA UDANA, APANAVRITA VYANA, RAKTA GATA VATA, SHIRAGAT VATA, PITTAVRIT VATA and RAKTA VAT (Srivastava, P.S., and Dwivedi, P., 1979 and 1982). We have also thoroughly discussed among ourselves as to re-arrange the available classical Ayurvedic material of these eleven (11) conditions along with various types of AVARNAS (Table No. 1, and 3).

At the outset of planning of present study, on the basis of literary material at our disposal, we have laid down the criteria's of selection of patients and in this sight Laxanas as major criteria and six (6) Laxanas the minor criteria (Table No. 18) and Blood Pressure reading between 100 to 120 mm. Hg. Diastolic as Diagnostic features. These Laxanas were subjected for verification in our ten (10) patient's series we have in addition inquired about other left out complaints of the patients (Table No. 18/1). In the table mentioned (vide Supra) to show the initial symptomatology present in our patients and the effect of "JATAMANSYADI" YOGA treatment on these Laxanas.

Both from the classical in general and the proposed eleven (11) AVARNAS Laxanas in particular and the symptomatology found in our patient's, clearly exhibit the futility of such attempts.

Apart from the Laxanas, under major criteria and minor criteria we have tried to elicit some other laxanas in our patient's compiled the heading under other symptomatology (Table No. 18/1, 18). Therefore, further clinical studies in large number of hypertensive patients symptomatology has to be under taken before accepting the bunch of eleven (11) AVARNA conditions

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as diseases – Hypertension.

Drug is a double edged sword the skillful and appropriate use of even the poison and poisonous substances may save the precious human life. But unfortunately the rate race for better, quicker and effective drugs is iatrogenic in some systems of medicines. Ayurvedic diagnosis and treatment of various types of Hypertension is a challenge before us. We have to go a long way. In the present inquiry we have tried to formulate a repository for Essential Hypertension mostly taking help from various non-clinical and clinical resources and best in both the sciences. The present "JATAMANSYADI" YOGA consists of eight (8) herbal drugs from the Ayurvedic armamentarium. The details of these drugs have been described in drug chapter itself (Table No. 4). This seems to possess a potent hypertensive and diuretic effect. On prolonged use it was complained by the patients they felt giddiness and depression. Therefore, it was also noted that both the systolic and Diastolic Blood Pressure in these patients with four (4) week treatment had reached, the level untouched before by any treatment. The cautious use, perhaps reduction in the doses, would help hypertensive a long way. Its different extractive preparations with different solvent systems should be prepared for animal experimentation, then only its mode of action and pharmaco-dynamics posology would aptly be described.

The present clinical studied have provided enough evidence that "JATAMANSYADI" YOGA contain a higher degree of hypotensive property. This drug has been given in the dose of 500 mg. fine powder in capsule form to ten (10) patients of Essential Arterial Hypertension. By perusal of tables, graphs, statistical data and illustrative case reports this can be seen that this newly formulated entirely herbal composition – the 'JATAMANSYADI" YOGA – has given convincingly encouraging response in all our studied and some other hypertensive patients.

It has showed sufficient degree of fall in Systolic and as well as Diastolic Blood Pressure irrespective of the etiology of hypertension. It was found during the administration of "JATAMANSYADI" YOGA capsule that the patients were

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free from many initial symptoms, after four week treatment.

A significant finding was observed that the "JATAMANSYADI" YOGA caused diuresis as an average about 1200 ml.. to 1700 ml. in our hypertensive patients. The diuretic effect of the "JATAMANSYADI" YOGA deserves a separate study which is beyond the scope of this thesis. However, it seems that the "JATAMANSYADI" YOGA is the first indigenous compound which might possess a highly significant degree of hypotensive property along with diuretic effect.

This type of treatment (Hypotensive agents combined with diuretic drugs) has been introduced in the management of hypertensive patients. The drug "JATAMANSYADI" YOGA seems to be a better substitute for such treatment as it contains potent hypotensive as well as diuretic property.

It caused a mild degree of bowel regulatory effect in all the patients. This compound gave a general feeling of well being to the patients kept under "JATAMANSYADI" YOGA. The patients did not show or complain of any side effect.

The compound like "JATAMANSYADI" which has been illustrated by a combined – to possess hypotensive, diuretic, mild laxative and no side effect properties, has a very wider scope in the management of patients of Essential Systemic Arterial Hypertension. It is difficult at this stage of our study to say about the mode of hypotensive action of this compound because this involves a separate study which is beyond the scope of this thesis.

The Blood Pressure readings have been statistically analyzed. The 't' and 'P' value of Systolic Blood Pressures are significant while 't' and 'p' value of Diastolic Blood Pressure are highly significant in this study. The "JATAMANSYADI" compound seems to have potent action after its administration for four (4) weeks. The relevant statistical data are reproduced below.

Usual duration of drug treatment was four (4) weeks.

(A).In this study it was noted that mean Blood Pressure in systolic case were 180.8 mm. Hg., 157.4 mm. Hg., 153.3 mm.

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Hg., 147.8 mm. Hg., and 141.9 mm. Hg. for initial, after three (3) week treatment and after four (4) week treatment (Table No. 23). It shows more fall of Blood Pressure in first week and fewer falls in second week. The 't' and 'P' value to initial and after one week treatment, initial and after two week treatment, initial and after three week treatment and initial and after four week treatment were 't'= 1.95, 'P'= 2.26, 't'= 2.47, 'P'= 2.26, 't'= 2.82, 'P'= 2.26 and 't'= 3.59, 'P'= 2.26 respectively shows that drug was effective in near 100 per cent of cases respectively.

In week to week comparison of fall of Systolic Blood Pressure from initial to first week, first week to second week, second week to third week and third week to fourth week 't' values were 1.95, 0.393, 0.545,0.588 shows that fall of systolic blood pressure was more in first week.

In Diastolic Blood Pressure, fall was highly significant mean Blood Pressure were 118 mm. Hg., 95.6 mm. Hg., 85.6 mm. Hg., 84.6 mm. Hg., and 80.6 mm. Hg., showed gradual fall of Blood Pressure. The maximum fall Diastolic Blood Pressure is at the end of first week treatment. The 't' and 'P' value of initial and after one week, initial and after two weeks, initial and after three weeks, initial and after four weeks were 't'=5.38, 'P'=3.25, 't'=6.83, 'P'=3.25, 't'=6.83, 'P'=3.25 and 't'=10, 'P'=3.25 respectively, showed the "JATAMANSYADI" YOGA was nearly 100 per cent effective.

In week to week comparison of Diastolic Blood Pressure from initial to first week, first week to second week, second week to third week and third week to fourth week 't' values were 5.38, 2.145, 0.222, 1.173 show that fall of Diastolic was more in first week than second, third and fourth week. The lowest fall was at the end of third week treatment.

In the present study, this was noted that mean Blood Urea before treatment and at the end of four weeks treatment, were 28.5 mg. percent and 21.4 mg. percent respectively. The 't' and 'P' value were 3.073 and 2.26 respectively.

The mean of Serum Cholesterol of our ten (10) studied patients before treatment and after four (4) week treatment were 221.3

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mg. percent and 157.9 mg. percent respectively which gave 't' and 'P' value 3.83 and 2.26 respectively.

In our ten (10) patients studied series before and after treatment mean of the Serum Glutamate Oxaloacetate Transminase (S.G.O.T.) were 21.6 units per ml. serum and 17.3 units per ml. serum respectively, which gave 't'=2.64 and 'P'=2.26 respectively.

These showed that "JATAMANSYADI" YOGA is also significant in reducing the Blood Urea, Serum Cholesterol and S.G.O.T.

In our present study, effect of treatment on Total Leucocytes Count (TLC), Differential Leucocytes Count (DLC), Haemoglobin percent (Hb %) and Erythrocyte Sedimentation Rate (ESR) are insignificant.

The pathological stool and urine examinations showed that these have no effect of "JATAMANSYADI" YOGA, on this score. The routine urine examinations did not show presents of Blood Sugar which showed that our studied patients were not suffering from Diabetes Mellitus as they had not to complain about the specific symptomatology.

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1	[ArtID]	
2	[FolNo]	9
3	[SlNo]	28
4	[ArtTitle]	***DRAVYAGUNKARMATMAK STUDY OF JATAMAMSI AND ITS EFFECT AN UCCHA RAKTA CHAP***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Amrit Pal Singh
7	[NmeGuide]	Dr. Y.S. Ghai
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic College, Patiala
11	[Univ]	
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	

Incidence of Sign & Symptoms: Irritability 50%, Headache 50%, Insomnia 50%, Tiredness 33 %

Results in Percentage: Vertigo 30%, Burning sensation 20%, Flushing 55%, Palpitation 6% and Dyspnea 20%.

Laboratory Investigations: F.B.S, Serum cholesterol, E.C.G, X-ray chest

Conclusion: Minor side effects like dryness of mouth otherwise the trials showed that Jatamamsi is not only an anxiolytic but also a potent antihypertensive drug.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	38
4	[ArtTitle]	***OBSERVATION ON THE EFFECT OF ALCOHOLIC EXTRACT OF COLEUS FORSKOHLII BRIG ROOT IN CASES OF HYPERTENSION***
5	[ArtEqEng]	
6	[NmeScholar]	Jinesh Kumar Jain
7	[NmeGuide]	Dr. C.B. Dube
8	[NmeCoGuide]	Dr. N.K. Natu, Dr. J.S. Tondon
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1988
13	[EnNo]	L83/MY/5
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The salient feature of the thesis, 'OBSERVATION ON THE EFFECT OF ALCOHOLIC EXTRACT OF COLEUS – FORSKOHLII BRIG ROOT IN CASES FO HYPERTENSION' has been divided in three main parts –

1 – Introduction of the subject including literary review.

2 – Drug review

3 – Material method and observations.

1 – LITERARY REVIEW: In Literary review a subject has been introduced keeping its importance in the present situation of the Society. Its impact on mortality rate.

The available literature from Ayurveda has been compiled. The description of the hypertension is not found in Ayurvedic

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literature as such. Some of the authors, learned physicians have tried to correlate the subject with so many similar symptoms producing diseases i.e. RAKTA GATA VATA, SIRAGATA VATA, AVRIT VATA etc. In this literary review we have tried to correlate VYAN BALA as blood pressure and VYAN BALA PRAKOP as hypertension and various AVARANAs of DOSHAS the various other types of blood pressure describe in modern medicine. The detail has been given in the literary review. A huge literature on blood pressure is available in modern medicine with a lot of hypothesis, physiopathogenesis, classifications, treatment which is not possible to compile. A relevant literature which coulde have supported the Ayurvedic literature have been tried to compile as far as possible. Further the work done in Ayurvedic medicine has also been compiled.

DRUG REVIEW: In drug review a very little description which has been mentioned in some of NIGHANTU or Ayurvedic materia medica. The drug habitat and its descriptions, mild, growth, classification, morphology, microanatomy, chemical composition, chemical investigations its compounds, its Ayurvedic qualities and therapeutic uses have been mentioned in thorough detail in drug review chapter.

MATERIAL & METHOD AND OBSERVATIONS In clinical portion twenty three patients have been selected fro the trial after selection and diagnosis based on certain criteria on a prepared pro-forma.

The drug in the form of capsules two to six per day containing 5 mg of colenol in each capsule has been given in divided doses with water. The patients were kept on strict regime of drug. In the first week all the patients have been kept on placebo drug and the mean of the blood pressure at the end of placebo trial and patients who have been found blood pressure above 160/95 have been subjected for the trial. The following observation has been found.

i) Age incidence: The maximum age group of the patients found were fourth and fifth decades of life.

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ii) Sex: The male patients were more in number than the female.

iii) Religion: Hindu patients were found maximum in this trial, why other religious people did not join the treatment has been mentioned in detail in clinical part.

iv) Occupation: The patients have registered for treatment from household, service class, business man and labours. In this study household and service persons constituted 56% of the total number of the patients.

v) Height: No particular observations were noted in the height of the patients.

vi) Weight: More than average weight patients outnumbered the low weight patients. The maximum number of the patients.

vii) Varna: In the VARNA distribution of the cases 34.78% patients belong to BRAHMIN caste and the KAYASTHA and VAISHYA constituted 30.43% of the total cases.

viii) Educational Status: Majority of the patients were educated up to high school standard.

ix) Economic status: Economic distribution of the cases was 52% cases from middle income group and the next highest group found from the high income group society. It was 30%, the income group has been divided low, middle and high in arbitrary fashion.

x) Diet: Diet has got an impact on the causation of hypertension. In the present study 61% of the cases have been found from vegetarian group.

xi) Sara: The 69% of the patients in this study were found of MEDA SARA.

xii) Prakrati: As regard the PRAKRATI the VATA PITTAJ and PITTA KAPHAJ PRAKRATI constituted the major number of the patients.

xiii) Exercise: 17.39% patients were found habitual of heavy exercises.

xiv) Past illness: In the present study the maximum number

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37.78% cases have had history of obesity. The other patients also showed past history of diabetes mellitus, renal disease and cardiac diseases nearly in the same percentage.

xv) Marital Status: All the cases except one were married and happy with their married life.

xvi) Residence: More of the people were found coming from urban residence. They were 91.30%.

BLOOD PRESSURE: The effect of drug has been found highly significant. The systolic blood pressure before trial of twenty three patients. Was found as mean 175.04 ±21.7 mm of Hg, and the diastolic blood pressure 111.04 ±17.17 mm of Hg which reduced to 143.70 ±17.13 mm of Hg and 89.20±9.54 mm of Hg systolic blood pressure and diastolic blood pressure respectively after the three weeks drug trial. The 't' value was found 5.30 and 5.14 systolic and diastolic blood pressure respectively and the 'p' was ⁄_0.001 in systolic as well as in diastolic blood pressure after the three weeks trial which is highly significant. The comparison of week to week trial showed that if the treatment could have been done a few weeks more the blood pressure could have reduced further.

Out of twenty cases treated with the Coleus forskohlii for the three weeks having mild to moderate blood pressure showed complete relief in 80% of the cases. One of the cases improved and other three cases did not respond due to some other causes.

PULSE: The pulse rate was found in all the cases reduced after three weeks trial. The mean before trial was 84.13 ± 11.53 and after trial 77.95 ± 9.50 per minute.

The result was found encouraging.

INVESTIGATIONS: The drug has an encouraging effect in reducing the serum cholesterol level also. The drug has got little or no action on blood urea, serum creatinine and blood sugar. It has got also no action on findings of Urine, Stool and total leucocytes count, differential leucocytes count, haemoglobin and erythrocytes sedmentation rate.

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ECG & X-ray: The trial of three weeks contributed no change in ECG and X-ray findings before and after trial.

SYMPTOMATOLOGY: The symptoms of the patients were noted and studied individually every day and every week but no significant change in symptoms were found. Though a few of the symptoms relieved completely and a few partially in most of the cases.

In the end it can be said that the Alcoholic extract of Coleus forskohlii brig root has have significant action or lowering the blood pressure as an antihypertensive or VYADHIHARA. As a DOSHAR the drug is unable to crack down the AVRAN OF DOSHAS covering the VYAN BALA PRAKOP. It is also not very useful in person of VATAPRAKRATI.

The drug has a quality to lower down the diastolic blood pressure.

No complications or side effects were noted in any of the patients. Hence, the drug is safe to use in mild to moderate hypertension patients.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***EFFECT OF TERMINALIA ARJUNA W. & A. ON REGRESSION OF LVH IN HYPERTENSIVES – A CLINICAL STUDY***
5. [ArtEqEng]
6. [NmeScholar] B. Chandra Sekhara Rao, R. H. Singh and K. Tripathi
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kayachikitsa,
10. [Insti] Institute of Medical Science,
11. [Univ] Banaras Hindu University, Varanasi-221 005.
12. [Year] J. R. A. S. Vol. XXII. No. 3-4 (2001) pp. 216-227
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Hypertensives presented with left ventricular hypertrophy appear to be associated with many abnormal cardiac events including cardiac arrest. The effect of Arjuna Kwatha along with atenolol on left ventricular hypertrophy in hypertensive individuals was studied by echocardiography. The study infers improvement on regression of left ventricular mass as indicated by change in left ventricular posterior wall thickness (LVPWT). Inter ventricular septal thickness (IVST), left ventricular internal dimension (LVID) and left ventricular mass index (LVMI), Decrease in LV mass with Arjuna Kwatha along with atenolol (treated group) was seen after 3 months and maintained even after a period of 6 months. Whereas in those patients who were on atenolol (control group), the re-

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gression in LV mass seen was insignificant. The patients included under control group the trial was continued for 9 months, but the effect seen after 9 months were not significantly different from those at 3 months. Thus we conclude that Terminalia arjuna W.&A. is able to directly cause regression of increased LV mass.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***A STUDY ON THE EFFECT OF LEKHAN–VASTI IN CASES OF ESSENTIAL HYPERTENSION AND ISCHAEMIC HEART DISEASE***
5. [ArtEqEng]
6. [NmeScholar] P.K. Gupta and R.H. Singh
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Dept . of Kayachikitsa
10. [Insti] Institute of Medical Sciences
11. [Univ] Banaras Hindu University
12. [Year] J. R. A. S. Vol. XVI, No. 3-4, (1995) pp. 93-101
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

A Lekhan – Vasti formulated with the prominent Lekhan drug 'Vaca' (Acorus calamus Linn.) was tried in 35 cases of essential hypertension and Ischaemic heart disease. The Vasti therapy produced notable alterations in blood pressure, pulse rate and lipid profile pattern of the patients receiving Lekhan – Vasti treatment.

Statistically significant to highly significant changes were found in pulse rate, blood pressure (Both systolic and diastolic). changes in body weight were not significant. Again various fractions of lipid profile were also measured before and after Vasthi therapy. Although in most of the fractions of lipid profile, statistically significant changes were not present, but favorable changes were seen in LDL fraction of lipid profile. In some there was a significant rise in HDL part of lipid profile, indicating its therapeutic efficacy too.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] **ROLE OF PUSHKARA GUGGULU IN THE MANAGEMENT OF ISCHAEMIC HEART DISEASE**
5. [ArtEqEng]
6. [NmeScholar] S. N. Tripathi, B. N. Upadhyay, S. D. Sharma, V. K. Gupta and Y. B. Tripathi
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Institute Of Medical Sciences, Banaras Hindu University, Varanasi 221 005; India
11. [Univ]
12. [Year] Ancient Science of Life, Vol. IV, No. 1, July Page 9-19
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

On the basis of authentic references from the literature of Ayurveda and on our own observations, Puskara-Guggulu, a combination of oleoresin of C. mukul and I-recemosa, has been clinically tried on a series of ECG proved 50 patients of ischaemic heart disease. This has been administered in the dose of 6 gms per day, in three divided doses upto a period of four months. Precordial pain, discomfort and dyspnoea on effort have been controlled. Mean Serum cholesterol has been found to be decreased by 17.47%, Apart from that, marked improvement on the E.C.G. pattern in 30% cases has been recorded in terms of ST-segment and T wave changes. On the whole the result was cured 10% relieved 60%, improved 20% and unchanged 10%, offering a great hope for the prevention and cure of ischaemic heart disease.

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4.11. SYSTEMIC DISEASES AND ANAEMIA

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1	[ArtID]	
2	[FolNo]	9
3	[SlNo]	10
4	[ArtTitle]	***NIMB KA PARICHAYATMAK AVAM PRAYOGATMAK PRABHAV TATHA VISHAM JWAR PAR AAMYIK PRABHAV KA MULYANKAN***
5	[ArtEqEng]	Pharmacognostical and Pharmacological study of Nimb and its effect on the Vishma Jvara
6	[NmeScholar]	Dr. Amarnath Gupta
7	[NmeGuide]	Dr. N.P. Sharma
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic College, Patiala
11	[Univ]	
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	35 patients were studied for 15 days by giving Nimb ghana 1 gm twice per day with ushna jala as anupana. Temperature, Rigor and Chills, headache, thirst, burning sensation and vomtting were considered as parameters of the study. Laboratory Investigations: Blood for M.P. Conclusion: there was a great relief in the symptoms for all the patients included in the study. The drug also proved useful even in the persons suffering from vikrut and vishama jvara.

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1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	38
4	[ArtTitle]	*KASISA BHASMA VA SAJJIKSHARA YANCHA RAKTA DHATU KSHAYAT RAKTA SANJANANASATHI AMAYIKA PRAYOGA- EK RUGNALAYIN ABHYASA*
5	[ArtEqEng]	A clinical study of efficacy Kasisa bhasma and Sajjikshara in Rakta dhatu kshaya (Anaemia) as Rakta sanjanana
6	[NmeScholar]	Shubhada Ramesh Yadav
7	[NmeGuide]	P.C. Jamkhedkar
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1996
13	[EnNo]	16
14	[Lang]	Sanskrit
15	[Study]	
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	30 patients of Raktakshaya were given kasisa bhasma and sajjikshara in the dose of each 250 mgs daily once after lunch along with luke warm water. There was significant improvement in clinical features of Raktakshaya like nakhasvetata, netrashvetata, shishira priti, amla priti and shirashaithilya etc. 17 out of 30 patients' improved totally and 3 patients could not get any response. Average 1.84 gm /dl increase was observed in 22 patients of moderate anaemia. Along with Hb%, there was improvement in the levels of RBC, PCV, MCV, and MCH too. It was more effective in the cases of Iron deficiency anaemia.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	60
4	[ArtTitle]	***A STUDY ON PANDU IN PREGNANCY AND TREATMENT WITH SOME INDIGENOUS DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Shailaja Srivastava
7	[NmeGuide]	Dr. P.S. Chaure
8	[NmeCoGuide]	Dr. Shail Kumari
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1978
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Formation of Rasa and Rakta dhatu vis-à-vis the blood tissue in the Intra uterine life takes place from mesoderm of the volk-sac and is referred to as Mesoblastic state. This is sometimes also referred as Intra-vasucular erythropoiesis. This according to Ancient Ayurvedic concept can be explained under the Upsneha and upsweda Nyaya. From second to fifty (5th) month of Intrauterine life the Erythropoesis takes place in liver, spleen and thymus. From fifth (5th) month of Intra uterine life to till birth and throughout Post Natal life. The Erythropoesis takes place in bone-marrow. According to Ayurvedic concept the formation of blood during two 2) to five 5) months of Intra Uterine life is considered to be red coloration of Rasa into Rakta by Brajaka Pitta situated

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in Yakrita and Pleeha.

Saraktameda or the red bone marrow, according to Ayurvedic concept is situated in small bones Erythropoiesis throughout the remaining life takes place from here.

Pandu Roga is described of five (5) varieties the Four Doshik and the fifth (5th) Mridbhakshanjanya. But there is no mention of a clinical variety now to be recognized as Garbhini Pandu.

Although Garbhini Kamala has been mentioned by Kashyapa, but some more common clinical condition of Garbhini Pandu is not mentioned by any one even for exception.

Now-a-days Pandu-Roga in Sagarbhavastha is a common-clinical disease-entity. Hence urgent need for its recognition and effective treatment from Ayurvedic point of view.

The classical description of diet-drug-schedules for each month an expectant mother should follow, have been the basis for the preparation of sixteen (16) drugs-containing present clinical trial drug Garbhini-Mandoor-Ghana-Vati.

We extend an idea to accept the clinical picture of Garbhini Pandu on the corollary of Garbhini Kamala described by Kashayapa.

Total one hundred and ninety (190) patients were studied, out of them one hundred and forty (140) suitable cases were treated with trial drug Garbhini Mandoor Ghan Vati and twenty (20) patients with the control drug (fefol) for the period ranging from sixteenth (16th) week of pregnancy to thirty second (32nd) week of Pregnancy.

Duration of treatment lasted for minimum one (1) month and maximum four (4) months.

Out of the one hundred and forty (140) trial-drug-group patients, thirty (30, 21,428) cured, forty (40, 28,571%) improved +++ twenty (20,14.285%) patients improved ++ twenty (20,14.285%)patients improved + (unchanged Thirty (30,21.428%) patients, and twenty (20) patients abandoned the treatment.

In control-drug-group five (5, 25.0%) patients were cured,

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four (4, 20.0%) patients improved +++, three (3, 15.0%) patients improved ++ two (2, 10.0%) patients improved +, Six (6, 30.0%) patients remained unchanged and ten (10) patients abandoned the treatment.

In trial drug group the cure rate including all the three categories of improvement was one hundred and ten (110, 78.389%) patients, in comparison. To fourteen (14-70.00%) with the control drug.

No improvement was noted in thirty (30-21.428%) patients, six (6, 30.00%) patients of trial drug and control-drug-group respectively.

On the corollary of Garbhini-Kamala the Garbhini-Pandu-Roga is suggested for the acceptance as a clinical variety of Pandu-Roga and its treatment with Garbhini-Mandoor-Ghan-Vati.

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1	[ArtID]	
2	[FolNo]	19
3	[SlNo]	26
4	[ArtTitle]	***A STUDY ON SHILAJATWADI LOUHA IN PANDU ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Sheo Dayal Barma
7	[NmeGuide]	Nitya Gopal Bandyopadhyay
8	[NmeCoGuide]	
9	[Dept]	Department of Rasa Sastra
10	[Insti]	Govt Ayurvedic College & Hospital , Patna
11	[Univ]	Baba Saheb Bhimrao Ambedkar Bihar University, Muzaffarpur
12	[Year]	1994
13	[EnNo]	13864/73
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Rasasastra
17	[AnyOther]	
18	[Abst]	In the present study an attempt has been made to explain the concept of Panduroga in Ayurveda and also the mode of action of Pandughna Dravyas. The individual drugs of Shilajatwadi louha - a compound drug preparation consisting of Shilajatu Madhuyashti, Sunthi, Maricha, Pippali, Swarna Makshika and Louha possessed haematinic and anabolic properties as mentioned in different texts of Ayurveda, which are essential for the proper management of Pandu roga. The study is a clinical evaluation of the cases of Pandu Roga and its treat with Shilajatwadi Louha in 20 patients for a period of fortnight. Following relief in the subjective and objective observations were noticed such as sense of well being in patients, gain in

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weight in patients, tendency of normalization in Hb% in gm, tendency of normalization in RBC, total count, absence of oedima and gain of weight showing the Bala. The result were evaluated on the basis of percentage of improvement in all the symptoms, improvement in more than fifty percent but less than ninety percent and improvement in less than fifty percent of patients after the treatment were put as excellent good and poor response respectively. The response was excellent in 50%, good in 30% and poor in 20% of patients after the treatment with Shilajawadi Louha. Response in the pulse rate and E.S.R. Values were statistically highly significant. The response in Pittaja, Dosha Dushti Pandu was also highly significant. The response in following factors namely Body Wt., Blood pressure (both systolic and diastolic), general symptoms, oedima, Total WBC count, Total RBC count and Hb% in gm. were statistically not significant. InVataja Dosha Dushti and Kaphaja Dosha Dushti Pandu patients also the response was not statistically significant.

Present clinical study indicated that Shilajatwadi Louha is non toxic at the therapeutic level.

Observations in clinical study showed that Shilajatwadi Louha possessed little Pandughna property. As the number of patients was not adequate so it needs further exploration to establish the definite efficacy of Shilajatwadi louha in pandu roga .

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	78B
4	[ArtTitle]	***A STUDY ON THE EFFECT OF NAVAYASA CHURNA ON IRON DEFICIENTY ANAEMIA (PANDU ROGA)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Muralidhara
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr.Latha .P
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1996
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present work was aimed to evaluate the effect of Navayasa churna on hypochronia microcytosis and hemoglobin concentration of patients of iron deficiency anaemia. The definition, prevalence, aetiology, pathophysiology clinical features, diagnosis and treatment of iron deficiency anaemia were reviewed. An ayurvedic perspective of iron deficiency anemia was reviewed as well as discussed and iron deficiency anaemia was identified with vatakaphaja pandu. The drug navayasa churna was reviewed and discussed and importance of Navayasa churna in the treatment of iron deficiency anaemia with respect to its etiology was highlighted. 30 patients were selected for their study among them, 18 were

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male patients and 12 were female patients. All the patients were treated with navayas achurna in a quantity of 500 mg with 3 gms of ghee and 2grms on honey 3 times a day after food for about a period of 45 days.

The result among 18 male patients. 9 cases showed good response and the other 9 cases showed moderate response. Among 12 patients (female) 7 cases showed good response and the remaining 5 cases showed moderate response.

The effect of navayasa churna on microcytosis was not significant. While it was appreciable in case of hypochromia. The Hb% in blood raised significantly and response of clinical features of "Iron deficiency anaemia to the drug was good.

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1	[ArtID]	
2	[FolNo]	10
3	[SlNo]	11
4	[ArtTitle]	***AETIOPATHOGENESIS OF PANDU ROGA (ANAEMIA-MICROCYTIC HYPOCHROMIC TYPE) AND ITS SAMPRAPTI - VIGHATAN BY MAKSHIK BHASMA***
5	[ArtEqEng]	
6	[NmeScholar]	SATYA NARAYAN SINGH
7	[NmeGuide]	Dr. B.N. Upadhyay
8	[NmeCoGuide]	Dr.K.P. Shukla, Dr. Jyoti Shukla
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1996
13	[EnNo	227968
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The principle of treatment of Pandu Roga includes Nidana – Parivarjanam, Snehana and Samshodhana (especially Virechana) and Samshamana by using suitable diet and drugs. Various incidences in patients of present series were observed and incidence of age, sex and duration of illness were also recorded. It was recorded that females suffer comparatively in the younger age group than males. Majority of the patients of this series were vegetarian. Vegetarian and non vegetarian, both groups of patients had deficiency of protein in their diet. The maximum numbers of patients of the present series were from poor and medium income group and they belong to rural areas. Regarding the profession, most of the patients of present

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series were house wives, agriculturists and service-men, incidence of addiction of tea, alcohol, smoking tobacco chewing were noted in 78% of patients. Incidence of Prakriti was also recorded. Majority of them had Paittika, Vatika, Kaphaja and Vata Paittika Prakriti. Incidence of Nidanas (causative factors) and Nidanarthakar Roga were also observed. Worm infestations (Krimi) were also seen in 40% of the patients.

Incidence of poorva – rupa and Rupa in terms of general signs and symptoms were observed in present series. Pallor, weakness, fatigue, lassitude, dyspnoea and palpitation were noted in most of the patients. Anorexia and headache were seen in majority of the patients. Incidences of the specific signs were also observed. Absence of filliform papillae, glossitis, angular stomatitis, koilonychias were present.

Majority of the patients had haemoglobin 3-9 gm%, total red blood cells count 3.5-4-2 mill./cu.mm.Packed cell volume was below 25 cc% in all of the patients. MCV was 45 to 50 cu μ in majority of the patients. MCH was revealed between 11-23μμ gm and MCHC was between 25-34 gm% in all of the patients.

After the treatment of Pandu Rogi with swarna makshika Bhasma for 60 days the haematological values i.e., Hb gm%, TRBC count, PCV, MCV, MCH and MCHC showed significant improvement.

From the aetiopathological study it can be concluded that Krimi (Worm infestations) is most important Nidana (causative factor) for the occurrence of Pandu Roga (Microcytic hypochromic type of anaemia).

Various types of Pandu Roga can be compared with the anaemia based on the red blood cells morphology.

Vatika Pandu may be compared with the microcytic anaemia and also anaemias having disorders in the shape of RBC like sickle cell anaemia etc.

Paittika Pandu may be correlated with the haemolytic anaemia/ normocytic normochromic anaemias.

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Kaphaja Pandu may be correlated with the macrocytic / mega-loblastic anaemias.

Sannipataja pandu may be correlated with the mixed type of anaemia or anaemia having diamorphic picture.

Mridbhakshana Janya Pandu can be correlated with the Pandu according to the predominance of Doshas.

Makshika was processed with several drugs like Nimbu swarasa, Go-ghrita and Eranda –taila during the preparation of Bhasma to overcome its side effects like constipation and gastric irritation etc.,

Makshik bhasma is a very effective drug containing sufficient iron to raise the haemoglobin and RBC indices i.e., PCV,MCV, MCH and MCHC.

The Pitta shamaka properties and Agnideepana karma of Makshik bhasma are effective mechanisms for the Samprapti Vighatan of Pandu Roga.

The proposed mode of action of Makshik bhasma may be hypothetised that iron content of the drug is absorbed from the upper part of small intestine after converting into ferrous form for in presence of acid of gastric juice etc. However, the real mechanism of absorption is to be further studied.

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	52
4	[ArtTitle]	***CLINICAL EVALUATION OF THE EFFECT OF NAVAGARA CHOORNA IN DIFFERENT TYPES OF PANDUROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.Radhakrishna R.Rao
7	[NmeGuide]	Dr.V.G.Neginal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The study of Panduroga involves the evaluation of drug effect in all types of Panduroga. Regarding the classification of panduroga, is interesting and have been included in present study. The results are RBC total count showed significant rise in Group 4. Another important feature of clinical assessment was rise in body weight, upto 1.95 kg. The diet plays an important role in panduroga management has almost all cases obliged to follow the instructions given to them.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	33
4	[ArtTitle]	***CLINICAL ASSESSMENT OF NAVAYASA LAUHA IN THE MANAGEMENT OF ANAEMIA (PANDU ROGA)***
5	[ArtEqEng]	
6	[NmeScholar]	Kishore Nand
7	[NmeGuide]	K.P. Shukla
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1985
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The assessment of the efficacy was done by clinical trial in the patients of Pandu. Thirty nine patients were selected for clinical trial. Their hemoglobin level was between 2 to 9.5 gm%. The diagnosis of anaemia was done on the basis of clinical examinations. Heamatological estimation and other necessary laboratory examination. The patients were divided in three groups. The group first and second had 10 and 9 patients respectively, while group third had 20 patients. The drugs were administered in all patients for a period of two months. For the assessment of the results a day to day record of clinical progress was maintained. The results in the three categories. The group first treated with traditional Navayasa Lauha

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showed 40% cure, 40% improved and 20% patients not respond to the treatment. Rubaragran H.P. treated group showed 77.77% cured, 11.11% improved and 11.11% patients not responded to the treatment. The patients of third group treated by improved Navyasa Lauha showed 70% cured, 20% improved and only 10% patients also not respond to the treatment.

The above data suggests that improved Navayasa Lauha is the best among three drugs used for clinical trail. Although statistical analysis showed that all the three drugs have similar efficacy in the treatment of iron deficiency amaemia but improved Navayasa Lauha showed, slightly better action than Rubargran H.P. and certainly had superior effect in comparison to traditional Navayasa Lauha.

Navayasa Lauha is an ideal formulation for the treatment of Pandu Roga (anaemia) because it does not produce constipation, gastric irritation and other side effect in the patients.

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	52
4	[ArtTitle]	***CLINICAL EVALUATION OF THE EFFECT OF NAVAGARA CHOORNA IN DIFFERENT TYPES OF PANDUROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Radhakrishna R. Rao
7	[NmeGuide]	Dr. V.G. Neginal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	Rajiv Gandhi university of Health Sciences, Bangalore.
12	[Year]	1992
13	[EnNo]	
14	[Lang]	
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The study of Panduroga involves the evaluation of drug effect in all types of Panduroga. Regarding the classification of Panduroga, interesting and have been included in present study. The results are RBC total count showed significant rise in Group 4. Another important feature of clinical assessment was rise in body weight, up to 1.95 kg. The diet plays an important role in Panduroga management has almost all cases obliged to follow the instructions given to them.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	92B
4	[ArtTitle]	***CLINICAL STUDY ON THE EFFECT OF DHATRI LOHA IN PANDU (I.D.A)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. G. Shakuntala
7	[NmeGuide]	Dr. R.P. Hosamath,
8	[NmeCoGuide]	Dr. Ashok. D. Satpute
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Pandu (Iron deficiency anaemia) is the commonest nutritional disorder, encountered in countries like India. In the present study 20 patients were selected and assigned into 2 groups. A and B All the patient were given panchakola choorna and vidanga choorna for deepana and krimighna respectively. Patients of group A were given Dhatriloha 500 mg with Madhu and ghruta thrice after food. Patients of group B were given 250 mg of loha bhasma with madhu and gruta thrice for 45 days. The assessment criteria included symptomatology and investigations. The effect of dhatriloha on hypochromia microcytosis and concentration of patients were studied. In

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group A 70% of the patients showed good response and 30% moderate response. In Group B 40% showed good response, 30% moderate and 30% mild response.

By the treatment the signs of pandu like shotha were reduced while changes in the nakha did not respond.

In Group A HB concentration, RBC count significantly raised. The drug is effective on microcymtosis and appreciably relieved hypochromia hence Dhatri loha has significant Role in the treatment of pandu compared to Lohabhasma this proves the absorption of Iron will be better in presence of vitamin C.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	1B
4	[ArtTitle]	***PANDWAMAYA CHIKITSA***
5	[ArtEqEng]	EFFECT OF LOHABHASAMA ON PANDUROGA
6	[NmeScholar]	Dr. M.H.Rayabagi
7	[NmeGuide]	Dr. P.T.K. Nambisan
8	[NmeCoGuide]	Dr. T.L. Devaraj
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Part – I deals with the basic concept i.e., the history of Panduroga, its derivation definition, Nidana panchaka, Upadrava sadhyasadhyatha and modern view on anaemia. Part – II deals with chikitsa and its bhedas, diagnosis drug selection details of loha, clinical observation and pathya apathya. Part – III concludes the dissertation with selected Sanskrit reference. The clinical trail was conducted on 28 true cases of Panduroga who were treated with 0.5 gram of loha bhasma tds. With honey for a period of approximately one month. After the treatment was complete, the results were as follows:- 46.4% of the cases were completely cured, 28.4% of the cases improved and 25% of the cases did not respond to treatment.

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Along with symptomatic relief it was also observed the treatment with loha bhasma increased the hemoglobin % ,R.B.C. count and the weight of the patients.

Finally it was confirmed that lohabhasma is a safe treatment in Panduroga.

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1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	3
4	[ArtTitle]	***EFFECT OF PUNARNAWADI MANDUR IN PANDU-ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	D.T. BOMBARDE
7	[NmeGuide]	
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Punarnava mandura is found very effective in all types of Pandu except Sannipataja type. It has played amazing role in Kaphaja pandu. During the usage of the drug, no adverse reactions were noted.

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1	[ArtID]	
2	[FolNo]	11
3	[SlNo]	29
4	[ArtTitle]	***EFFICACY OF DARVYADI LOHA IN PANDUROGA***
5	[ArtEqEng]	
6	[NmeScholar]	P.P.JAWALE
7	[NmeGuide]	K.R.Chavan
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachiktisa
10	[Insti]	R.A.Podar Medical College (Ayu), Bombay
11	[Univ]	University of Bombay
12	[Year]	1997
13	[EnNo]	
14	[Lang]	
15	[Study]	
16	[SubStudy]	Kayachiktisa
17	[AnyOther]	
18	[Abst]	It was observed that Darvyadi Loha works very effectively in all types of Pandu except Tridoshaja Pandu. It is very effective in Kaphaja Pandu. No adverse effects were noted during and after the study.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	38
4	[ArtTitle]	***EVALUATION FO AN AYURVEDIC COMPOUND IN TREATMENT OF IRON DEFICIENCY ANAEMIA (PANDU ROGA)***
5	[ArtEqEng]	
6	[NmeScholar]	Shrivastava, Seema
7	[NmeGuide]	K.P. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present study includes clinical trial of two drugs. First trial drug was a compound of mandur churna containing Mandur Triphala, Tikiatu, Mustak, Vidanga and Chitraka powders second trial drug was only Mandura Bhasma. Forty nine patients were selected for clinical trial. Their hemoglobin level was between 3.0 to 9.08 gm% the diagnosis of anaemia was done on the basis of clinical examination. Haemotological investigations and other necessary laboratory examinations. The patients were divided in to three treatment groups. In first and second group there were 14 and administered in patients of all groups for a period of two months.

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For the assessment of the results a day to day record of the clinical progress was maintained. The results was shown in there categories e.g. cured, improved and not responded with treatment.

Compound Mandura Churna and Mandura bhasma were used for clinical trial. Mandura bhasma was used in group first and compound Mandura churna was introduced in third group. In second group a Mandura iron compound Rubragran HP was used for control study. The present study showed that compound Mandura churna was best among the three drugs used for clinical trial. Although statistical analysis suggested that all the three drugs used for clinical trial. Although statistical analysis suggested that all the three drugs had similar efficacy in the treatment of iron deficiency anaemia but compound Mandura churna showed slightly better action than Rubragran HP and certainly it had superior effect in comparison to Mandura bhasma.

The present study provides that Mandura churna is an ideal formulation for the treatment of Pandu Roga (Anaemia) because it does not produce constipation, gastric irritation and other side effects in patients.

After two months of treatment, patients were kept under observation for three months of more during follow up period. They were advised for monthly visit at least for three months.

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	35
4	[ArtTitle]	***A PRELIMINARY CLINICAL STUDY OF HAEMATINIC ACTIVITY OF BEEJAKA (PTETROCARPUS MARSUPIUM)***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.K.Malathi
7	[NmeGuide]	Dr.V.G.Neginhal
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present study has not shown significant haematinic activity present in Beejaka bark decoction as far as estimation of Haemoglobin, serum iron and total iron binding capacity is considered it phytochemical analysis shows such store of carbohydrate present in it which makes it a noushing food. So it can be used in rasayana karma. It is good, colourful, relishing drink and can be used as general beverage. However since the present study shows increase in HB% after treatment in T.C. with initial reading pointing to the presence of Anaemic state and since a final reduction in the HB% is seen in cases of C.G. with initial reading coinciding with that of the above, a conclusion may be shown that Beejaka bark decoction was haematinic activity in Anaemic rather that normal individual.

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1	[ArtID]	
2	[FolNo]	18B
3	[SlNo]	48
4	[ArtTitle]	***HAEMATINIC EFFECT OF KASISA GODANTI BHASMA ON NORMAL SUBJECTS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr.B.N.Gopinath
7	[NmeGuide]	Dr.H.K.Mannikeri
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Govt. Ayurvedic Medical College, Bangalore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	From the study of review of literature both kasisa & Godanti has been advocated to cure panduroga. An extensive study on kaseesa is available establishing its use as haematinic both in ayurveda And modern pharmacopeias. Regarding Godanti, its effectiveness as haematinic is to be established. The present study has shown marginal raise in haemoglobin content in both the preparation, prepared from kaseesa, godanti. As a general prophylactic, these may be advocated to normal healthy females.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	37B
4	[ArtTitle]	***MANAGEMENT OF PANDUROGA ASSOCIATED WITH SHOTHA.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. K.S. Shantharam
7	[NmeGuide]	Dr.B.G.Gopinath
8	[NmeCoGuide]	Dr. S.G. Mangalgi
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1986
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Panduroga is one of the major disorder which affects the mankind in a great range. It has been a major problem in a country like India where illiteracy and malnutrition are very common. It affects everyone who suffers from malnutrition, chronic diseases and untreated illness. Shotha is a very common condition of the disease. The dissertation in divided into 3 parts:- First parts deals with the review of literature on Pandu roga. Second part deals with Shotha and its manifestation in Pandu and the Third part deals with the Materials and methods of the clinical trial. 20 patients suffering from Panduroga with Shotha were selected for the study and grouped into two groups as Group – A and Group – B

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Group – A patients were administered shodhana i.e., snehana, swedana and virechana, followed by samsarjana and Punarnva mandura as shamana therapy for 30 days , patients of Group-B were given Punarnava mandura for 30 days without shodhana.

Parameters for assessment was symptomatology and laboratory investigation.

Among 10 patients of Group – A 60% were improved marked by and 40% were not improved. Among 10 patients of Group – B, 40% were improved and 60% were not improved. Among 12 patients having akshikooda shotha, 58% got complete relief and 42% were not relieved, among 5 patients suffering from only padashotha, 80% were relieved and 20% were not. All the patients having both padashotha and gandakshikoota shotha were not relieved. Totally 55% of the patients were relieved of shotha.

The study was concluded as Punarnava mandura administered after shodhana therapy give quick and effective relief than when it wan given without shodhana. HB% and RBC count raised after the administration of the drug and it is found not much beneficial. When hemoglobin was below 50%. Hence the drug Punarnava mandura was found to be very much beneficial in the treatment of pandu associated with shotha.

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1	[ArtID]	
2	[FolNo]	13
3	[SlNo]	52
4	[ArtTitle]	***A CLINICAL STUDY ON PANDU ASSOCIATED WITH ANKUSMUKHI KRIMI - ANKYLOSTOMA DUODENALE AND ITS MANAGEMENT BY PUNARNAVADI MANDURAM***
5	[ArtEqEng]	
6	[NmeScholar]	Sanjukta Sengupta
7	[NmeGuide]	Dr. N. Panda
8	[NmeCoGuide]	Dr. S.K. Mahapatra
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Gopabandhu Ayurveda Mahavidyalaya, Puri
11	[Univ]	Utkal University, Bhubaneswar, Orissa.
12	[Year]	1996
13	[EnNo]	15435/95
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	In this study, the following observations are made

1. Krimi in Ayurvedic literature refers to all sorts of organism.
2. Ankus-mukhi or Antrada or slesmaja Krimi show much resemblance to Ankylostoma duodenale (Hook worm) of intestinal nematodes respectively.
3. Patients with positive ova in stool and increased eosinophil count and decreased Hb % percentages were included in the study.
4. Gastro-intestinal symptoms and respiratory problems were common findings of these cases.

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5. Punarnavadi manduram could eradicate the Hook worm ova in 24 (60%) cases who were kept under cured group and 4 (10%) and 12 (30%) cases were got marked improvement and partial improvement respectively.
6. Punarnavadi Manduram could subside all the symptoms simultaneously.
7. No clinical sign of drug toxicity was observed.
8. Punarnavadi manduram is a good haematinic and acts like Rasayana.
9. On the above findings, it can be concluded that Punarnavadi mandururam is an effective medicine for anaemia associated with Ankush-mukha krimi (Hook-worm) as it is both anthelmintic with haematinic.
10. Further study in this direction is essential to establish the mechanism of action.

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1	[ArtID]	
2	[FolNo]	30
3	[SlNo]	17
4	[ArtTitle]	***MANAGEMENT OF PANDUROGA WITH SPECIAL REFERENCE TO VYOSHADI TAKRA***
5	[ArtEqEng]	
6	[NmeScholar]	V. Parameswaran Potti
7	[NmeGuide]	Dr. P. Sankarankutty
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic college, Trivandrum
11	[Univ]	Kerala University, Trivandrum
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa -Panchakarma
17	[AnyOther]	
18	[Abst]	Panduroga is one of the diseases known to Ayurveda even from the Vedic period. The important factor in production of Anemia is the digestive disturbances associated with achlorhydria and diarrhea due to hookworm infections. Vyoshadi takra, is an Ayurvedic formulation which is made out of takra with the property to improve the digestive power and there by correct diarrhea and by its acidity it improves the iron absorption has to be studied. The selected patients were grouped into three as mild, moderate and severe according to the severity of symptoms. The severity was confirmed by estimating the Hb of blood. The patients having Hb between 8-9gm./ 100ml. were considered as mild, while between 5 to 7.99gm./100ml. considered as moderate and below 5gm./ 100ml.were considered as severe. The patients were kept two

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days for observation without giving medicine. From the 3rd day onwards the trial drug Vyoshadi Takra was administered. The duration of the treatment was fixed as 28 days. As a beginning, trial was carried out in 15 patients. The increase of Hb% was noted from blood examination conducted at the end of the 1st week of treatment. Likewise most of the symptoms were also showing a tendency to disappear and patients general health was improved gradually and steadily, even though the intestinal parasites were not eradicated. The above results encouraged to conduct another set of trial after deworming the patients with an Ayurvedic Anthelminthic drug to find whether eradication of intestinal parasites are inevitable or not, in the management of Pandurogas. The means of Hb% of Ist group was 5.75gm./100ml. In the IInd group the mean was 3.9/100 ml. and it improved to 10.36gm. /100ml. Both the values were highly significant. The statistical analysis of the laboratory tests shows that all the 'p' values are found to be less than 0.005. It shows the effect obtained in both the group is highly significant. It can be concluded that this drug can safely be administered in patients even with severe gastrointestinal disorders which is of the common phenomenon in this disease. Since the drug is not heated or boiled, the thermoliable vitamins such as vitamin C, thiamin etc. is not lost. It is rich in proteins like lactalbumin and lactoglobulin which are similar to plasma proteins. So, it increases the immunological status.

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1	[ArtID]	
2	[FolNo]	10
3	[SlNo]	3
4	[ArtTitle]	**STATUS OF AGNI IN PANDU ROGA**
5	[ArtEqEng]	
6	[NmeScholar]	HEMAKANTHI KULATUNGE
7	[NmeGuide]	Dr.N.P. Rai
8	[NmeCoGuide]	Ziledor Ali
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi.
12	[Year]	1998
13	[EnNo]	231520
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	

It we discuss Pandu Roga briefly that Pandu Roga is one of the oldest disease of human being in the world. It also mentioned in Vedas as well as its detail description is available in all the classical of Ayurveda. It may be developed as a separate disease of subsequently due to many acute or chronic disease. Raktapitta is one of the main causative factors for this disease. Therefore it is named as Pandu roga (Pallor).

According to the Samprapti of Pandu that Charaka has mentioned Pandu Varna appeared due to Kshaya or reduction of general complexion of the body. In modern medicine they have described natural complexion and redness of the skin are maintained by proper blood flow through the skin and when it reduce in quantity or quality of the blood the pallor of the skin will be appeared (Price's Text Book of medicine). Therefore we can think, in the case of Pandu, there is Alpa

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Rakta (lack of blood) which leads to pallor.

According to the Ayurvedic view Rasa and Rakta Dhatus and Pitta Doshas play the important role in the production of Pandu Roga (details have mentioned under the literary reviews).

Then we discuss Pandu Roga and anaemia comparatively for example, if we take "Hemorrhage" we already known it is very common cause for the development of anaemia, peptic ulcers, hemorrhoids, hookworm infestation, excessive menstruation, repeated epistaxisis, haematuria, are some causative factors for anaemia mentioned in modern medicine.

But ancient authors of Ayurvedic classic also mentioned Helminthic manifestation (Krimi), Plies (Arshas) and Menorrhagia (Rakta Pradara) etc.

On the other hand Sushruta has mentioned uses of alcohol and wine causes for development of anaemia. This observation is supported to myreson and gilbert (1962) in modern medicine.

Haemolysis is another common cause for development of anaemia it also described in ayurveda such as garavisha, dooshi visha, vishama jwara, jeerna jwara, sannipathaka jwara etc. Therefore we have found many similarities between pandu and anaemia. More details are described under the chapter VI in the discussion. Finally, if we listed signs and symptoms of pandu roga and anaemia, it shows they have mentioned some clinical features with various terminology e.g.

Pandu	**Anaemia**
Shrama	Fatiguability
Gatrasada	General malaise
Aruchi	Anorexia
Pandu	Pallor
Bhrama	Giddiness
Shira shula	Headache

On the basis of above facts that Pandu Roga and anaemia has got striking similarities.

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After the careful history and physical examination of all the symptoms of the body in these patients were subjected to necessary laboratory and radiological investigations for clinical modern diagnosis. Out of 30 cases, that 11 cases gastric analysis was done. Various observation were recorded and result were analysed statistically.

Various incidences in patients of present series were observed incidence of age and sex were recorded. It was observed that females were suffered comparatively more than males (66.6%). Because normally anaemia has been reported more prevalent in females. Age group of them were 20-40 years. Usually during these age groups they have appeared menstruation and child bearing activities.

On the other hand in both females and males that maximum age incidence were in this present study was 20-40 years. In these age range, that growth has reached to a peak and all the activities have attended maturity, therefore the body is able to take maximum nourishment during this time.

Incidences of educational status revealed that majority of the anaemia cases were illiterate (5.4%). Most of the patients addicted to tea (30%). Tea consumption can impair trace element metabolism in the iron status. 23.4% of the patient addicted to tobacco and cannabis. It also affected for good blood circulation of the body. 13.4% of the patient were addicted to alcohol Sushruta has described alcohol, and other hot drinks that vitiate the pitta doshas in the body and finally can be produce Pandu rogas due to Mandagani.. Study of constitution was observed majority of the patients were belonged to kapha vata prakriti (43.4%) pittaja and tridosaja prakriti not observed. Among these patients kaphaja and vatika signs and symptoms mostly appeared most of the patients hand tuberculosis. Vatic constitution body, fullness of the abdomen weakness of the body. Malaise, salivation weak digestive activity appeared with them. These symptoms are present is kapha predominate conditions. Therefore, high incidences have observed with constitution of kapha vata prakriti.

Regarding with the 13th the causative factors most of the patients were affected from T.B. disease (23.4%) and other had

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poor dietary intake (53.3%) and normocytic, normochronic (23.3%) anaemias. Therefore we can decide that iron deficiency anaemia are prevalent among them.

Rest of the cases had chronic blood loss, e.g. hookworm infection (3.3%), gastritis (6.7%1, menorrhagia (3.3%), amoebic colitis (3.3%), inflammatory bowel disease (3.3%), enteric fever (3.3%) etc.

Incidence of macroscopic identification of the stool, observed. 43.3% of the patients that undigestive food particle were presented. But stool sample of some patients, undigestive food particles such as starch, elastic fibers appeared. But less quantity, above patients found more quantity. According to this evidence we can get a idea about digestive power of the patients. It may be revealed that they have weak digestive power. It can be occurred lack of the secretion of enzymes and other digestive secretions of the G.I.T tract. According to Ayurvedic view we can say hypofunctioning of the Agni.Occult blood were found 14 cases of them. They were suffered abnormal T.B., acute or chronic gastritis, inflammatory bowel disease, haemorrhoids, hookworm infection and amebic colitis etc.

Incidence of general signs and symptoms observed in present series aruchi (anorexia), pandu (pallor), daurbalya (general weakness), Shira shula (headache), Alasya (lack of enthusiasm), Shrama (fatigue), Angagaurawa (heaviness of the body), shwasa (dyspnoea on excertion) appeared over 75.0% of the patients of pandu roga. Most of the symptoms appeared that predominant of kapha doshas. Alpavahni (poor digestive activity) also has complained 73.3% of the patients.

Pallor of the skin and mucous membrane has been presented all of patients. It means rakta dhatu and ojas markedly reduced in these patients.

Due to increase activity of kapha doshas there will be reduced action of the pitta dosha of the body. Therefore, digestive power also can be reduced. Rasa dhatu is the precursor of the other dhatus, with this manner rakta and mamsa dhatu also will be reduced of the body. Therefore, pallor, general

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weakness, fatigue, dyspnoea have occurred.

On the other hand we can suggest that function of agni also abnormal in these patients. In Ayurvedic classics mentioned, that pitta dosha is main dosha which is involved in pandu roga. Due to involvement of pitta dosha agni also become abnormal. Ultimately which produces abnormal digestion and metabolism. Due to result of malfunctioning of jatharagni and dhatwagnis. Finally it will be affected for mechanism of dhatu paka kriyas. Then production of various dhatus will be immatured. Hence malformation of agni plays a very important role in the samprapthi (pathogenesis of pandu roga.

Headache (80.0%), vertigo (70.0%), tinnitus (10.0%) and muscular weakcness (63.3%) also complained of them. It may be due to manifestation of cerebral hypoxia.

Haematological investigations observed, majority of the cases had haemoglobin level 5.9 g/dl range (66.6) others having below 5 g/dl of Hb content. There were 3 cases found Hb content below 3.0g/dl level. They suffered from abdominal T.B., pulmonary T.B. and hook worm infection respectively. Total red blood cells count also below 3.5 milli/cu. mm in 90.0% of the patients. PCV or haematocrit value also reduced in these patients due to anaemia. It reflects the concentration of red cells. PCV value was reduced in all of the patients.

Incidences of ESR value were very high in all of the patients. In anaemia it is increases. Because the change in the erythrocyte – plasma ratio favours rouleaux formation, independent of changes in the concentration of the plasma proteins. (Bull, 1975, Moseley, 1982).

Regarding total leucocytes count majority of the patients had normal leucocytes count (80.0%).Others W.B.C. count were slightly raised (20.0%). It may be due to infection and inflammatory conditions of the patients during the investigation time.

Serum proteins were observed in these patients majority of the patients that serum protein level was reduced (83.3%) in 16.7% of patients that level above 6 g/dl. Serum protein level has reduce due to poor dietary intake, malasorptiona and poor

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digestive activity. During the gastric analysis we have found 3 cases in achlorhydria. Their Hb content were presented 4.5 g/dl, 5.4g/dl and 3.59g/dl of the blood. On the other hand there serum protein content were become 3.85g/dl, 4.33 g/dl respectively. But they had not appeared any protein urea conditions.

During protein digestion HCL act very important role, it activates pepsinogen and converts it into active pepsin then protein collagen is converts into gelatin. Here HCL actions were appeared in "O" level free HCL was totally "O" in their gastric juice. Therefore, we can suggest that digestive action were reduced in anaemic conditions. According to ayurvedic view, they have hypofunctioning of agni. Neutrophills, eosinophil, lymphocyte count were normal in most of the patients, blood urea, blood glucose also appeared in normal level in majority of the cases.

Signs and symptoms of agni vikara observed in these patients. Majority of the patients complained reduce appetite (100.0%), indigestion (80.0%), heaviness of the abdomen (73.3%), dyspnoea on excertion (76.6%), heaviness of the body (63.3%), pain fo the abdomen (73.3%) flatulence (70.0%), belching after meals (63.3%).

We can see most of the symptoms were appeared as predominant of kapha and vata doshas, we can be observed majority of the symptoms can be correlated with mandagni. Therefore, we can suggest that majority of the patients of pandu roga have mandagni conditions.

Fractional test meals have done in 11 patients of pandu roga. Majority of the patients were seen hypochlorhydria (72.8%), achlorhydria were appeared 27.2%) hyperchlordydria and normochlorhydria not found in this study.

Above observations suggest that digestive functions in majority of cases of pandu roga were abnormal. This can be describing hypo functioning of agni. Detailed have mentioned it under the observation and result in chapter – V. Finally hypofunction of agni will be lead to formation of ama rasa. Then rasa dhatu can be vitiated. As a result inadequate rakta

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dhatu and other dhatus can be formed. Ultimately pandu roga will be produced.

Mean value of free acidity was observed. It showed all of the cases free acidity were very low level. After the introducing 7% alcohol increased of acid amount slightly increased but it was not significant. Acidity of the having hypoacidity conditions of their gastric secretions always they were complaining anorexia, improper digestion, heaviness of the abdomen etc. We can say it is due to hypofunctioning of their Agnis. Simultaneously total acidity also reduces of their gastric secretions.

Assessments of the Jatharagni have observed of these patients. For the assessment that subjective parameters have developed on the basis of classical description, in most of them are questionnaires which are mention in proforma under the appendix. Details have mentioned in under the assessment of Agni in chapter V. During this assessment most of the patients had symptoms of Mandagni (56.7%), some patients had symptoms of Vishamagni (20.0%). Some patients had both symptoms (23.3%). Finally we can see majority of the patients had symptoms of Mandagni. Therefore considering of subjective and objective parameters we can suggests that

Pandu Roga patients having status of Mandagni. It seems that ultimately Mandagni leads the state of Pandu.

Under the concept of Agni this research work is a very humble. We must developed some research work under this field, because all the samprapthi (pathogenesis) and Chikitsa (treatment) of the disease are depend on the basis of Agni.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	163
4	[ArtTitle]	***STUDY OF EFFECT OF CERTAIN INDIGENOUS DRUGS IN APLASTIC ANAMIA***
5	[ArtEqEng]	
6	[NmeScholar]	R.M. MISHRA
7	[NmeGuide]	C. Chaturvedi, S.P. Gupta
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti
17	[AnyOther]	
18	[Abst]	Certain drugs like Chloramphanicol and Cytotoxic drugs depress bone marrow leading to a plastic anemia for which only supportive treatment is available. Some drugs like Bhringraja, Nagdaman and Krishansariva mentioned for the treatment of Pandu roga were selected for experimental study to assess their bone marrow stimulating action. Experimental study conducted in three series revealed that when Chloramphanicol (200mg/kg subcutenous) was fed alongwith Bhringraja and Nagdaman for 15 days normalcy was quicker (based on Hb%, PVC and TRBC) than Krishan sariva and Chloramphanicol. Anaemia produced in rabbits by Dinitrophenol (DNP) injection in the dose of 15mg/kg wt. i.v it was observed that all the three drugs prevented anaemia to much extent. In other experiment where Endoxan was given along with Nagadaman,

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leucopenia and anaemia were not prevented.

Overall review shows that Bhringraja and Nagadaman have better efficacy in Chloramphanicol toxicity where as Krishan Sariva has upper hand in Dinitophenol toxicity. No drug showed any protection against Endoxan.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	191
4	[ArtTitle]	***TREATMENT OF GARBHINI PANDU WITH PUNARNAVA MANDUR***
5	[ArtEqEng]	
6	[NmeScholar]	SHARMA, VASUNDHARA
7	[NmeGuide]	P.V. Tiwari
8	[NmeCoGuide]	
9	[Dept]	Department of Prasuti-Balaroga
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Prasuti-Balaroga
17	[AnyOther]	
18	[Abst]	Anaemia is the common disorder during pregnancy. Due to increased demand and poor absorption from diet during pregnancy iron need supplementation in the form of medicine. Punarnava Mandoor has been prescribed in Ayurvedic texts for such situations. The present study reports clinical evaluation of Punarnava Mandoor which contains 22.0% iron in the cases of pregnancy anaemia. Majority of 70 cases of the present study were of 2nd trimester and having Hb% 7.0gm. All the patients' microcytic hypochronic anaemia/ iron deficiency anaemia. The drug was given in the doses of one gm thrice daily for 60 days and the cases were followed up at fortnightly intervals. Efficacy of the drug was assessed on the basis of TRBC count and hemoglobin percentage.

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At the end of treatment 71.42% cases were found fully cured (TRBC >3.6 million & Hb 11.00 gm% or more) 21.42 cases improved and 7.14% cases showed least change in above parameters.

Synergistic action of the ingredients of Punarnava Mandoor by way of increasing appetite, digestion, absorption and diuretic action help in achieving better level of TRBC and Hb gm% during pregnancy.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	58B
4	[ArtTitle]	*VATAJA PANDU CHIKITSA*
5	[ArtEqEng]	
6	[NmeScholar]	Dr. R.V. Satyanarayan
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	Dr. H. Chikkahanumaiah
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	A survey in Asia by WHO showed that approximately 10% of men, 20% of women, 50% of children of all ages and 92% of Children below the age of 2 suffer from Anameia. Vataja pandu roga & deficiency anaemias show close classification, signs and symptoms and to a certain extent in the treatment also. This work comprises of 2 parts. In the 1st part historical review, nidana panchaka & chikitsa is dealt in detail. The second part deals with clinical study. 30 patients were selected for this clinical trial which were divided into 2 groups. Group A & Group B. In Group A – Kaseesa Bhasma with Amalaki Churna was given. In Group B – Kaseesa Bhasma with Amalaki Choorna was given after shodhana karma.

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For shodhana snehapana was done by Kalyanaka gritha & virechana by Trivent lehya was given. Shamana that is kaseesa bhasma 250 mg Amalaki bhasma 125 mg + amalaki churna 2.5 grams twice daily with Madhu was given for a period of 1 to 3 months.

In Group –A – The blood examination revealed HB% from minimum 3 grams % - 7 gm% before treatment. After shodhana & shamana the Hb% rises to minimum 7.6 grams % to 13 gms%. The drastic change in the group B in comparison to group A could be easily understood that pathological agency is eliminated by the process of shodhana. Finally concluded that conceptually a parallel nutritional therapy is not a must. But revitalizing the metabolic & a nutritional mechanism is very essential, this has been proved in Group B studies.

But there is a marked improvement in B Group patients this suggests that the effective therapy in a combined of Shodhana are Shamanas.

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1	[ArtID]	
2	[FolNo]	7A
3	[SlNo]	71
4	[ArtTitle]	***EFFECT OF SWARNA BASANT MALTI IN PATIENTS OF RAJAYAKSHMA (PULMONARY TUBERCULOSIS) AND ITS COMPARISON WITH KNOWN ANTI TUBERCULAR DRUGS***
5	[ArtEqEng]	
6	[NmeScholar]	Y.K. Sharma
7	[NmeGuide]	Prof. C.B. Dube
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	State Ayurvedic College, Lucknow
11	[Univ]	Lucknow University, Lucknow
12	[Year]	1975
13	[EnNo]	B.N.84
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The clinical trial consisted of a series of patients who were subjected to see the effect of SWARAN BASANT MALTI in doses of 170 mg. Thrice a day with honey. The effect was observed on patients of Pulmonary Tuberculosis. The effect was noted in terms of clinical, Hematological, bacteriological findings monthly and radiological at every and especially every 3rd and 4th month in Group II, in state Ayurvedic College and Hospital, Lucknow city from Feb. 1st 1974 to may 31st, 1975 and was found most encouraging when combined with first line drugs. The object of the study was to determine any beneficial effect of the drug in vivo however, the drug was also tested in vitro

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study. In vivo when used in combination with first line drugs, showed remarkable improvement but all alone it was found to be less effective. In vitro it is absolutely not effective, even in highest concentrations.

Residents of Lucknow city as well as patients from rural areas nearest to city were the subject of study who were residing or stayed for treatment within 4 to 5 km. from the College, Willing patients got their admission. Both the systems of clinical examination Ayurvedic as well as modern were used.

Investigations were made about family history, religion, caste, economic status, housing sanitation, family culture and personal habits. Addiction of hukka, Liquors and Cigarettes was predominant in sputum suspects. Factors of economic status, housing sanitations definitely appear to have some effect on the incident.

Subjects of both sexes male and female more or less equally distributed from urban and rural areas served. Incident was common between the ages of 25 to 35 years and in some cases between 40 to on wards.

Co-operation of both the sexes was well observed. Most of them cooperated up to the end period of follow up.

Twenty five to 30% of the patients complained only one symptom as Hemoptysis. All accept few clinical suspects complained of cough temperature pain in chest loss of weight and marked emaciation.

Bacteriological examination was considered as most reliable test. Sputum positive on spot specimen as well as 24 hours collection was used. Sputum suspects were then referred to radiology. Grading of sputum was done on the basis of criteria accepted by Madras and Bangalore T.B. Chemotherapy centre and staining by Zeihl-Neilson Technique National Tuberculosis institute Bangalore Rao et. Al 1965, Neilson 1957, Yerushalmy 1950 and WHO 1967.

Grading of films was done on basis of criteria accepted by ICMR 1955.

Agreement between readers A & B on negative films was to

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the extent of 96% and on abnormal films 30%.

Sputum suspects with X-ray grade IV were the maximum which accounted to 80%. Grade V were 10% from the rest of the cases.

Bacillary status of cases was directly associated with radiological and clinical findings and patients attending clinic had only rational outlook towards causation and treatment of pulmonary tuberculosis.

Contrary to common belief small size families had maximum sputum suspects.

The most appreciating effect which was observed in regimen II (Loc-Cit) which proves that the drugs might be a good adjuvant.

Use of the drug 'SWARAN BASANT MALTI' as a single drug regimen on patient of pulmonary tuberculosis requires further study. The drugs has got no effect in vitro and in vivo when used as a single drug regimen a little effect except that the temperature of some cases came down to normal in a very short time, there was improvement in weight of the patients also.

Lastly non rational out look in regards to causation and treatment of the disease was negligible in population of true subjects and maximum sputum and X ray suspects were found among illiterates and poorer subjects in the present study.

No acute or chronic toxicity of the drug was noticed during the follow up of the cases.

Resistance to Thiacetazone was minimum, which account nil in fresh cases and 3% in post treated cases.

Resistance to INH was higher and less than what was found to Streptomycin.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	76
4	[ArtTitle]	***MANAGEMENT OF SKELETAL TUBERCULOSIS BY AYURVEDIC DRUG***
5	[ArtEqEng]	
6	[NmeScholar]	Shukla. J.S.
7	[NmeGuide]	S.N.Pathak
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	In the present study, an Ayurvedic compound having known drug used in tuberculosis was taken. The main ingredient were swarnvasantmalti, shrigarbhra, praval bhasma etc. They were clinically tried. On established skeletal tuberculosis cases. The clinical cases were divided into three groups according to the treatment regime. One group received in standard compound tubercular drug, second group were given the ayurvedic compound with standard anti tubercular drug and the third group received only ayurvedic compound. The efficacies of the drug were evaluated clinically radiologically, haemotologically and micrologically. It was revealed that the group II (A T D + Ayurvedic compound) gave better response than both other group. The re-

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coveries of these patients were faster also. The response of group I and group Iii were similar. It can be concluded that combined regimen of allopaithic and ayurvedic drug is more useful and only ayurvedic compound drug can also be advised to the patients who developed resistance or any complication due to allopathic anti tubercular drug.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	59B
4	[ArtTitle]	***RAJAYAKSHMA AND ITS MANAGEMENT WITH SPECIAL REFERENCE TO PULMONARY TUBERCULOSIS***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Shalini C.Eli
7	[NmeGuide]	Dr. Lakshmi Narasimha Shastry
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present work is undertaken into two aspects. The first part explains the theoretical aspects of the disease i.e. historical review of Rajayakshma, its nidana panchaka and parameters which are needed for the assessment of pulmonary tuberculosis have been described. The second part dealt with clinical study. Hundred patients having clinical picture of Rajayakshma were selected at random, irrespective of their age, sex, caste and occupation. Symptomatology explained in Ayurvedic and allopathic medicine of system were followed in diagnosing the disease physical examination of respiratory system, laboratory investigations of sputum, radiological examination of chest and tuberculin test were done. All selected patients were

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divided into three groups.

Group A – History of illness. Group-B General physical examination including history of illness. Group-C respective lab investigations including above factors. All were presented the kshaya as cardinal feature. By considering all the theoretical aspects pathology and pathogenesis it can be said that Rajayakshma is not directly relevant to tuberculosis.

No such clinical parameters are available to confirm Rajayakshama. The allopathic parameters served only 25% as confirmatory. Three varieties of Rajayakshama cannot be compared directly to pulmonary tuberculosis, kshaya was the only parameter to be taken as a criteria. Kapha nishteevana was totally not present. The hypothesis of kaphaja krimi which might be a causative factor need further study.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	90
4	[ArtTitle]	***STUDIES ON SERUM LEVEL OF CERTAIN MINERALS IN BONE TUBERCULOSIS***
5	[ArtEqEng]	
6	[NmeScholar]	Gupta, Mohan Prasad
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1976
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The study is carried out in continuation with the previous study done in the department on effect of B.T. powder in skeletal tuberculosis. Alteration of serum value of certain minerals and organic constituents by the use of B.T. powder in tuberculosis is the matter of study here. B.T. powder examined by spectroscopy, electron microscopy, x-ray diffraction study etc. confirmed that it contains gold, copper, mercury, bismuth, arsenic, iron, chromium, manganese, zinc, calcium sulphide etc. For clinical study 80 cases were selected, 45 were of skeletal tuberculosis, 5 suffering from osteomalacia & 10 of bone tumors. For experimental study 20 young albino rats were selected. Out of various minerals substances estimated biochemically,

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revealed a significant drop in magnesium level in cases of skeletal tuberculosis. B.T. compound can be used as one of the substitute for antitubercular drug where toxic symptoms and resistance to standard ant tubercular therapy occur.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	108
4	[ArtTitle]	***STUDIES ON THE EFFECT OF SHRINGARABH ON SKELETAL TUBERCULOSIS***
5	[ArtEqEng]	
6	[NmeScholar]	KUSHWAHA, HEMANT KUMAR
7	[NmeGuide]	G.C. Prasad
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1980
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	The aim of proposed thesis was to evaluate the therapeutic efficacy of Shringarabh in the management of skeletal tuberculosis in cases where anti tuberculosis drug failed or developed resistance. And also to observe the effect of combined therapy of shringarabh and antitubercular drug. The study included 36 patients divided in these groups. The patients attending the O.P.D. in initial phase of the disease with no previous ATT were kept in group-I treatment and were administered standard ATT. Cases included were having tuberculosis of bone. The patients already received ATT without any obvious clinical and radiological improvement was included in II group and were kept on ATT with shringarabha. III group of cases were selected amongst those who developed toxic symptoms with ATT therapy and were treated with shringarabh alone.

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All cases after giving proper treatment & immobilization of the effected part were advised to attend the O.P.D of Shalya Shalakya after an interval of every 4th week for the check up. At the time of follow up each case were examined clinically, radiologically as well as haemtologically. The observations and results of this study showed that the indigenous compound shrigarbha can not be set to have much antitubercular property as standard AT drug. In fact it is useful in combined therapy only.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	69
4	[ArtTitle]	***STUDIES ON THE MANAGEMENT OF APACHI***
5	[ArtEqEng]	
6	[NmeScholar]	Sharma, Anand Kumari
7	[NmeGuide]	P.J. Deshpande
8	[NmeCoGuide]	
9	[Dept]	Department of Shalya
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1973
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Shalya
17	[AnyOther]	
18	[Abst]	Apachi and its management in Ayurvedic texts resembles with the description of tubercular lymphadenitis in modern medical science. The modern anti tubercular drugs have many hazards. Therefore the present study is intended to find out proper method for managing these cases with the least room for recurrence. Both Jalakumbhi and Kanchnar Guggulu were taken as drugs. Extensive study on Jalakumbhi was done by isolating different fungi with their functions. These drugs were tried in 40 clinical patients, diagnosed as apache or tubercular lymphadenitis. The results showed that 50% of cases had complete cure as proved by disappearance of swelling and total freedom from associated complications. 15% of patients had marked improvement with reduction in size of gland and only 5% of cases had no significant change. The study offers a good hope for an effective treatment of condition but further study is needed to ascertain the exact indication and limitation of therapy.

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1	[ArtID]	
2	[FolNo]	BRKR, HYD
3	[SlNo]	
4	[ArtTitle]	***A CLINICAL STUDY ON THE EFFECT OF KAYYONYADI CHURNA IN PANDUROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. P.Prasanna Kumari.
7	[NmeGuide]	Dr. V.V.S. Rama Sastry
8	[NmeCoGuide]	Dr. V. Vijaya Babu
9	[Dept]	Post Graduate Department of Kayacikitsa
10	[Insti]	Dr.BRKR Government Ayurvedic Medical College, Hyderabad
11	[Univ]	Dr NTR University of Health Sciences, Vijayawada, AP
12	[Year]	2005
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	Management of Panduroga (Anaemia) with kayyonyadi churna (Sahasrayogam) with takra; a compound herbo-mineral drug, which contains Bhringaraj, Maricha, Chitraka, Mandoora, Ajamoda, and Shunthi in the ratio of 4:3:2:1:1/ 2:1/4. The main drug bhringaraja has direct action on yakrit, so ranjaka pitta is properly produced, which is normal state for utilization in converting rasa to rakta. Mandura bhasma has raktavardhaka (as per the concept of "samanyamekatvakaranam" Mandura bhasma contains iron which acts directly on hemoglobin which contains iron as a component), rasayana, pandu, shothahra, varnakara and ojovardhaka properties. The sunthi contains the property of

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grahi is responsible for the active absorption of mandura bhasma. The other drugs used in this preparation contain deepana and pachana properties, which help in normal agni vyapara as the treatment of Pandu roga starts and ends with agni deepana as the maintenance of normal condition of agni is the complete treatment.

The prepared medicine kayyonadi churna which is non-controversial, non-toxic, easily available and economical has been selected for the presented clinical trail. It helps in pittadosha samana, agnideepana and acts as deepaniya, raktavardhaka and grahi. So it has direct action on amashaya, yakrit and ranjaka pitta, which by virtue of these qualities help in the samprapti vighatana of pandu.

Takra has been selected for anupana, which has laghu guna and deepaniya properties, acts as grahi and tridosha samana. So it can prevent the formation of ama. This can prevent dhamáni pratichaya because it is srotoshodhaka as well as vatahara dravya.

Drug regimen-

The prepared drug is administered in two doses of 1-2gms oral with takra for 30days. It has been given after each principal meal. The dosage is modified according to the Prakruti and dosha involvement of the patients.

Assessment of results-

After 30 days of administration

* Hemoglobin and RBC levels gradually increased by one gram within a span of 15days.
* Significant improvement in Pandutwa (paleness), Sodha (edema), Aruchi (loss of appetite), Dourbalya (general weakness) and Vitgraha (constipation) has been noted.

Results:

Hb level improvement:- Good : 60%, Fair : 26.7%, Poor response : 13.33%

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4.12. NEURO-PSYCHOLOGICAL DISORDERS

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	6A
4	[ArtTitle]	***A CLINICAL STUDY ON RESIDUAL PSYCHOSES AND THEIR AYURVEDIC MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Dhanik Lal Bharkher
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	BHU
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present work aims to study the demographic, behavioural, clinical and laboratory profile of a series of locally available patients of unmade. Clinical trial of Rasa ausadhi-Smrtisagaa rasa and a self formulated compound herbal drug-Brahmi – Vaca yoga singly and combined was carried out. Residual psychosis as known in western modern medicine may be clinically described as "Avasista Unmada", a new term coined by the group of investigators at B.H.U. termed certain residual features in patients of such a clinical state may be turned as Avasista Unmada vis-à-vis redial psychosis. The blunting of emotions lack of concentration, inability to perform daily work and social withdrawal are the characteristic features of these patients.

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The demographic profile fo 50 cases of unmade supported the epidemiological, features of these diseases as reported in case of residual schizophrenic psychosis in the past. The clinical study indicated that features of Avasista Unmada and residual psychosis are comparable to significant change extent. The clinical trial of above mentioned drugs in patients of Unamada shows a significant on B.P.R.S.

It was observed that there was better response in patients of Pitta vata prakriti. The mode of action of the drug in term of modern psychopharmacology appears to be attributable to the role of prominent medhya drugs viz brahmi, vaca and jyotismati used as components of the compound formulation used in this trial. All these drugs are medhya rasayanas and are expected to have neuro nutrient effect on brain leading to improved brain function, and improvement in the behaviour.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	83B
4	[ArtTitle]	***A CONCEPTUAL ANALYSIS FO GENERALISED ANXIETY DISORDER AND CHITTODVEGA WITH A CONTROLLED CLINICAL TRIAL ON THE EFFECT OF KSHEERADHARA.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Rajendra. V.
7	[NmeGuide]	Dr. N. Anjaneya Murthy
8	[NmeCoGuide]	Dr. T.S. Satyanarayana Rao
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1997
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The dissertations has been given the headings of the matters as review of literature, materials and methods, results discussion summary. Review of literature includes definition of anxiety, history terminology, physiological anxiety abnormal pathological, description of anxiety. Classification conceptualization , epidemiology etiopathology clinical picture, diagnosis, differential diagnosis complications, chittodvega vis-à-vis generalized anxiety disorder chittodvega – History, terminology, classification nidana, samprapti, chikitsa. Clinical study: 16 patients were incidentally sample into 2 groups 8 in each. The diagnosis was made on the basis of the

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diagnostic research criteria for generalized anxiety disorder of ICD – 10 F-41.

The control group received Bravabol capsules with milk. The test group received Ksheeradhara treatment over Bravobol capsules with the same dosage fo group A i.e. 300 gm in the morning & 600 grm. In the night. Durations of Ksheeradhara was 10 days. Total duration of the treatment was 90 days.

After 90 days of treatment the anxiety level fell to an all time low in dhara group i.e. improved up to 67.78% while the control group showed pattern of continuous rise in reduction up to 54.9%. no frequent relapses were observed in dhara group and fluctuations were not markedly seen. Psychic symptoms were highly reduced in dhara group and fluctuations were not markedly seen. Psychic symptoms were highly reduced in dhara group. The higher percentage of reduction in the psychic symptoms in the dhara group indicated that the dhara has a possible significant role to play in the management of GAD vis-à-vis chittodvega.

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1	[ArtID]	
2	[FolNo]	27
3	[SlNo]	11
4	[ArtTitle]	***CLINICAL EVALUATION OF THERAPEUTIC POTENTIALS OF CERTAIN INDIGENOUS DRUGS IN SEIZURE DISORDERS.***
5	[ArtEqEng]	
6	[NmeScholar]	Ashok Kumar Sonker
7	[NmeGuide]	Prof. G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles (Sharira Kriya)
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1995
13	[EnNo]	222302
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Basic Principles (Sharira Kriya)
17	[AnyOther]	
18	[Abst]	Present series of investigation has been planned to evaluate the role of certain indigenous drugs in the prevention and management of attention deficit disorder along with seizure disorder. Various neurophysiological and psychological parameters were applied to assess the effect of drugs on brain function. In group one, 50 diagnosed cases of mental deficiency between the age of 6-12 years were selected for clinical evaluation of combined therapy of Brahmi and Jyotishmati. Apart from mentally deficient children, 38 apparently normal children were also selected for drug trial as well as to compare the results. Placebo was introduced both in normal and mental deficiency group of cases to prove the clinical efficacy of drugs under investigation. Various electrophysiological and psychological parameters were applied for the assessment of drug

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therapy like EEG, memory span, reaction time, attention span, learning ability etc.

In group second, 44 apparently normal adults between the age of 18 to 34 years of both sexes were selected for clinical trial of combined therapy of Brahmi and Jatamansi. Apart from normal cases 58 adults of seizure disorder with concentration deficits were also selected to assess the clinical efficacy of Brahmi and Jatamansi following various neurophysiological and psychological parameters. Electro-physiological parameters like EEG and blood pressure measurement and psychological measurements of memory span, attention span, anxiety levels and fatigue time were done in all the cases under trial in this group.

In order to evaluate the clinical efficacy of the drugs various provocative stimulus like photic stimulation was applied in both the groups (Children and adults) while in adult group cold pressure test was also conducted to assess the potential effect of drugs. It is important to mention that before clinical trials of these drugs, the toxicological studies were already established by conducting experimental animal trials.

In group one study, the children between the age of 6-12 years were given the organic extract of Brahmi and Jyotishmati jointly continuously for 6 months. In mentally deficient children comparatively high numbers of spikes were found following photic stimulation. But six months of combined treatment of Brahmi and Jyotishmati significantly reduced the number of spikes. Normal group of children also exhibited reduction in number of spikes confirming the neurotropic property of Brahmi.

The drugs trailed under present study have shown beneficial effect on alpha and beta frequencies when filtered from general EEG. A significant increase in alpha pattern and reduction in beta frequencies were observed after six months of drug therapy. The most important finding of this study remains that the effect of provocative stimulus was markedly reduced after drug therapy both in normal as well as disease group indicating that the drugs have capacity to enhance the mental threshold to a great extent.

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In mentally deficient children reaction time significantly improved following drug treatment. Both auditory and visual reaction time significantly reduced following six months of combined therapy of Brahmi and Jyotishmati indicating the beneficial effect of this therapy on psychomotor performance.

Memory span both short term and long term was improved under influence of combined therapy of Brahmi and Jyotishmati both in normal and mentally deficient children under trial.

As it is well established fact that concentration disabilities, poor memory span, learning disabilities are the most important problem of a child with hyper kinesis or mental deficiency. Thus it is a great achievement that in the present series of investigation the drug therapy has shown good results in improving the above cognitive functions, especially the concentration ability.

In group second when the combined therapy of Brahmi and Jatamansi was introduced changes in blood pressure levels are obvious. The effect of present drug therapy is more beneficial among the individuals with positive cold pressor test.

Regarding the effect of combined effect of Brahmi and Jatamansi on EEG pattern alpha frequency significantly increased after 3 months of drug therapy indicating the neurotropic property of drug. While beta frequency which signifies level of hyper excitability of an individual also markedly reduced following therapy.

An average high anxiety level is observed in adult group of cases and more in seizure disorder cases. But after drug therapy of Brahmi and Jatamansi anxiety level was found reduced more effectively in normal treated cases than the disease group. Though seizure disorder cases have also shown reduction in the level but it is not so marked as in normal cases. Similarly, an early fatigue was noticed in seizure disorder cases but after therapy improvement in fatigue was noticed both in normal and disease group of cases. Much improvement in fatigue was recorded in seizure disorder cases.

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As the neurotropic property of Brahmi has already been proved earlier, in the present series of study when Brahmi was given along with Jatamansi it has shown more beneficial effect on memory performance. Both short term and long term memory was found to be significantly improved both in normal as well as seizure disorder cases.

In conclusion, the combined therapy of Brahmi and Jyotishmati was found more useful in the management of mental deficiency where the attention deficit is the predominant feature among the children. Learning ability can be improved by continuous oral administration of this drug. The combined therapy of Brahmi and Jatamansi in adult group where the memory is declined due to sympathetic over activity and anxiety the drug therapy showed better results than Brahmi alone. Cardiovascular over response due to sympathetic over activity considerably reduced and better mental performance could be achieved by increasing mental threshold with such type of remedial measures.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	14
4	[ArtTitle]	***A CLINICAL STUDY ON CHRONIC DAILY HEAD-ACHE (CDH) AND ITS AYURVEDIC MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Suman Mitra
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present study on chronic daily Headache and its Ayurvedic Management was under taken with the aim of conceptual and literary study on chronic daily Headache and the therapeutic trial of Ayurvedic treatment modalities of Shirodhara and Godanti Pravala yoga. The clinical trial was conducted in 45 patients and it has been found that Shirodhara and Godanti Pravala yoga showed beneficial effect. The overall result of clinical trial in majority of patients showed excellent to moderate degree of response in patients with combined therapy, while moderate degree of response was found in most of the patients of individuals therapy i.e., in case of Shirodhara and drug treated. Thus, Shirodhara therapy and trial drug Godanti pravala yoga seems to be safe and effective treatment of Chronic Daily Headache.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	21
4	[ArtTitle]	***A CLINICAL & BEHAVIOURAL STUDY ON THE RESPONSE OF INDIGENOUS DRUGS, ASVAGANDHA AND KAPIKACCHU IN DEPRESSION AND ITS BIOCHEMICAL CORRELATES***
5	[ArtEqEng]	
6	[NmeScholar]	SUSHIL KUMAR NATH
7	[NmeGuide]	Prof. R.H.Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1993
13	[EnNo]	176591
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Depression is as old as man and at present it is the foremost mental health problem round the globe and commonest condition both in private, family and hospital practice. Though, the 'depression' is not new in Ayurveda; it has entered in classical literature in several forms and terminology, but it has never got the status of the full form disease. Of course the disease 'Kaphaja Unmada', one of the type of Unmada roga mentioned almost in all Ayurvedic Samhitas has been found to be correlated with psychotic form of depression 'depressive psychosis' by some recent authors. But some workers argued to label it with the stuporous form of catatonic schizophrenia. Leaving all these, in present thesis depression has been given the status of separate disease entity with the proposal of

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probable etiopathogenesis, clinical features, diagnosis and management of the disease. The Ayurvedic terminology for depressive illness has been settled, after thorough and critical discussion, as Cittavasada in this thesis. Again, the endogenous and reactive depression (the two types of depression were considered in present work) have been termed as Swatantra cittavasada and cittoudvega janita cittavasada respectively. Ayurveda as well as the ancient Hindu literature has given detailed account of mind and mental health. The concept is so vast that it not only direct to maintain / promote the mental health, but it also guide us to achieve the ideal mental state, the same has been termed as Moksa, the state of Satva Buddhi as described by caraka. The ASVAGANDHA, a rasayana agent mentioned in old texts of Ayurveda, has been promoted as Medhya rasayana in recent years, along with its previous activity. This drug not only improve the Medha i.e. the intellect but it also possesses, it is presumed, the nutritive and reflex effect on the brain and possibly promote microcirculation enabling the brain to get proper nutrition, O˝etc. to keep the all mental functions in order. Some recent studies also suggested that Asvagandhâ also possess the sedative and tranquilizing effect. Similarly 'KAPIKACCHU', a Vâjîkarana drug (aphrodistiac or virilizing agent) described in old classics, has been promoted as antidepressant agent in recent years. Some studies have also proved that Kapikacchu contains L-dopa the agent which plays important role in psychobehavioural regulation of human being. So, it can be posyulated that all 'Medhya Rasayana may be used as anti anxiety agent, while the vâjîkaran remedies may be as anti depressants.Initially, in total 112 depressive patients were registered in the present work for clinical study including demographic and psychosocial studies. Diagnosis was made on the basis of DSM-III criteria for depression, and the 'Reactive' and 'Endogenous' type was determined depending on the presence or absence of relevant precipitation factors and some other symptoms. All patients were physically and psychiatrically examined methodically after the through interview of the patient and patient's relatives/or intimate friends. Hamilton Depressive Rating Scale has been used to assess

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the severity of depression and for assessing the therapeutic response of trial drugs. The eight psycho-social and behavioral factors viz. *Mana, Buddhi, Samjnajnana, Smrti, Bhakti, Sila, Cesta, Acara* (mentioned in Caraka Samhita) were assessed carefully by self evaluated criteria in each patient in initial and follow up studies. Deha prakriti and Manas prakriti were also determined in each case. Investigations like fundus examination, x-ray skull, EEG, CT scan of the skull, VDRL test and liver function tests were done wherever necessary. The points considered in demographic, psycho-social and clinical studies were as follows: The demographic factors – Incidence of sex, age, habitat, marital status, education, religion, occupation, habits/ addiction, socio-economic status; The family and psycho social factors – Family system, Family history of psychiatric illness, Birth order, Status of 'Psycho-social stress', Interpersonal relationship in family, Manas prakriti, Deha Prakriti; The clinical factors – The type of depressive illness, Duration of illness, Incidence of past history of depressive illness, Frequency of individual symptoms, Incidence of intensity of depression, Examination of eight factors viz. Mana, Buddhi etc. After all these aforesaid processing and final diagnosis each patients were given the trial drugs 'Kapikacchu' and 'Asvagandha' in the morning and evening respectively as a single dose (6 gm/dose) for a period of one month or more. Therapeutic study involved a basal and two with treatment follow-up assessments at the interval of every 15 days. Therapeutic study was conducted on 50 randomly selected cases from registered patients, out of which 6 patients dropped out of the study at the time second follow-up.The criteria for assessing the improvement in this study were – Subjective feeling of well being, Reduction of Hamilton Depression Rating Scale Score, Decrease in the number of symptoms or reduction of the intensity of symptoms, assessing the degree of clinical improvement according defined criteria (Teja and Narang, 1970) and restoration of normality of the eight factors, viz. Mana, Buddhi etc. Biochemical investigation in this study was undertaken with two objectives; To observe the level of certain important biochemicals (5HT, total cholesterol, HDL-C, LDL-C, VLDL-

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C, Triglyceride) in some trial depressed cases and compared their level with the normal individual of the same age range to see if the level of these biochemical would range to see if the level of these biochemical would increase or decrease in depression; To see the change of level of these biochemicals at follow up assessments to find out their relationship with some patients were followed up for longer period beyond the trial period as they used to attend the clinics regularly.The following conclusions may be made from this study:Depression was common in males than in femalesThe highest incidence of depression was in the age group of 16 to 45 years.The high incidence of depression was found in students and housewives.There was evidence of genetic basis of the depressive illness.The persons of 'Rajasik Prakrti' were more prone to depression.The person with predominance of Vatik and Paittik Prakrti were more prone to depression.The incidence of reactive depression was higher relatively (55.36%).The symptoms – Sadness (87.5%), unhappiness (79.46%), loss of interest 81.25%), loss of appetite (81.25%), poor sleep (77.68%), aches and pain (54.46%), loss of libido (59.83%), crying 50.89%) were most frequently encountered.Among the eight factors described by Caraka in the context of Unmada Roga, Mana, Smrti, Bhakti & Cesta were found mostly affected in the present series. Highly positive response was found in 34% patients with trial therapy while positive response was seen in 50% (on the basis of Hamilton Depression Rating Scale score).According to Teja and Narang Criteria 75% patients showed improvements of varying range after trial treatment. The response of trial treatment was better in cases of reactive depression as compared to endogenous type.The factors (among those eight factors described by Caraka) which were affected, gradually recovered to their normal status after the trial treatment.Plasma serotonin level was lower in depression in comparison to normal individuals of the same age range. At the end of trial therapy plasma serotonin level was seen increased in most of the cases.Serum total cholesterol (including VLDL-C & LDL-C) and triglyceride levels were initially higher in depressed patients in comparison to normal individuals of the same age

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range, while HDL-C remained lower in depression. At the end of the trial therapy, with the recovery from the illness all lipid components were found decreased except HDL-C which was increased.Blood glucose level was decreased at the end of trial therapy.Persons of Deha Prakrti with Kapha involvement responded less to the trial treatment.Duration of illness was almost inversely proportional to the therapeutic response.With the increase of chronicity of illness, the plasma serotonin level was proportionally reduced.Thus it is obvious that Asvagandha and Kapikacchu have a role in the management of depression. These drugs do not produce any major side effect in short term or long term therapy in contrast to modern antidepressants; neither have they had any withdrawal effect, nor produce habit/addiction in long term therapy.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	7
4	[ArtTitle]	***A CLINICAL AND BEHAVIORAL STUDY ON THE EFFECTS OF CERTAIN MEDHYA DRUGS ON BRAIN FUNCTIONS.***
5	[ArtEqEng]	
6	[NmeScholar]	Rishi Ram Koirala
7	[NmeGuide]	Prof.R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present study deals with conceptual, clinical and behavioral study in human subjects and experimental animals to evaluate the effect of some Medhya drugs of plant origin in relation to anxiety and depression. Following 3 drugs were selected for clinical trial viz., Sankhapuspi, Aswagandha and Kapikacchu.The clinical study was done in 38 patients of Anxiety Neurosis (Cittodvega) and 30 cases of Depressive illness (cittavasada) treated with Sankhapuspi, Aswagandha and Kapikacchu in different groups. Experimental studies were conducted in normal and stressed albino rats treated with same plant drugs. Following parameters were used for assessment of the effect of trial drugs Hamilton's anxiety rating scale, Hamilton's depression rating scale along with symptomatic assessment using improve symptom grading scale.Final

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clinical and laboratory studies indicate that Sankhapuspi and Aswagandha possess anxiolytic effect while Aswagandha and Kapikacchu have significant antidepressant effect. The comparative study shows relatively more anxioloytic effect in Sankhapuspi and more pronounced antidepressant effect in Aswagandha than Sankhapuspi.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	19
4	[ArtTitle]	***CLINICAL ASSESSMETN OF MEDHYA DRUGS IN THE MANAGEMETN OF PSYCHOSES (UNMAD)***
5	[ArtEqEng]	
6	[NmeScholar]	Dash, Suresh Chandra
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The object of the present study was to see the effect of the specially prepared Medhya Kasaya on Unmad. In this study, Medhya Kasaya comprises the following drugs: (1) Sankhapuspi (Convolvulus phluricaulis), (2) Jatamansi (Nasidostachys Jatamansi), (3) Brahmi (Bacopa Monniera), (4) Vacha (Acorus calamus), (5) Ashvagandha (Withania Somnifera). Only 10 patients of psychoses of different categories were registered for therapeutic trial with Medhya Kasaya. The dosage was 50 mg in two divided doses and the duration of treatment was two to size weeks. The effect of the treatment was assessed on the basis of observance of signs and symptoms in initial and follow up studies. It was seen that patients started feeling better after few days of the therapy. Thus, it was obvious that the above compound preparation is useful for mental patients.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	17
4	[ArtTitle]	***CLINICAL EVALUATION OF MEDHYA RASAYANA THERAPY IN MANAS ROGA***
5	[ArtEqEng]	
6	[NmeScholar]	Kaushik, Arun Kumar
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1982
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The main object of the present work was to make a clinical and experimental investigation to evaluate the role of combined Medhya Rasayana therapy in Manas Roga especially in case of anxiety neurosis. A series of 50 cases of anxiety neurosis were selected for this purpose. The treatment schedule consisted of 50ml. of Medhya Rasayana Kasaya representing 50 gm. Crude dry drug in two divided doses for 6 weeks. The compound Medhya Rasayana consisted of the equal quantity of the crude dry drug (1) Sankhapuspi (Convolvulus pluricaulis). (2) Mandukaparni (Hydrocotyl Asiatica), (3) Guduci (Tinospora cordifolia) and (4) Yastimadhu Mandukaparni (Hydrocotyl asiatica), (3) Guduci (Tinospora cordifolia) and (4) Yastimadhu (Glycyrriga glabra). The parameters for clinical evaluation

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used in this study were (1) clinical relief, (2) anxiety scale, (3) depression scale. The data emerging out of the clinical trial indicated that the drug has significant effect in anxiety neurosis.

The preliminary experimental studies conducted in the present context also indicated significant barbiturate hyphosis potentiation and adoptongenic effect in the Medhya Rasayana.

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1	[ArtID]	
2	[FolNo]	15A
3	[SlNo]	1
4	[ArtTitle]	***A CLINICAL STUDY ON DEPRESSIVE ILLNESS AND ITS AYURVEDIC MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Sushil Kumar Nath
7	[NmeGuide]	Prof. R.H.Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1988
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manas roga
17	[AnyOther]	
18	[Abst]	This study aims to identify Depressive illness in Ayurveda and to workout the demographic profile of the disease in patients available in Northern India. This study also intends to evaluate the pattern of clinical presentation in such patients prevalent in this area and besides the clinical evaluation of the therapeutic efficacy of two popular plants drug namely. Aswagandha (w.somnifera) and Kapikacchu (M. pruriens) in the management of depressive illness. On the basis of clinical and conceptual study it is concluded that "Kaphaja Unmada" correlates with major depressive illness (Depressive psychosis). The major depressive illness is identifiable with the terms Vishada or Chittavasada. The therapeutic trial reveals that Aswagandha and Kapikacchu reduce the severity of anxiety and depression in majority of patients leading to a subjective feeling of wellbeing which could be measured with

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the help of symptoms grading scale and rating scale for depression. It is advisable to administer Kapikacchu in the morning and Aswagandha at bed time daily for 3 months, besides life style modifications for treatment and secondary prevention of depression.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	10
4	[ArtTitle]	***DEVELOPMENT OF AN AYURVEDIC THERAPEUTIC REGIMEN FOR THE MANAGEMENT OF DEPRESSIVE ILLNESS***
5	[ArtEqEng]	
6	[NmeScholar]	Rajiv Kumar
7	[NmeGuide]	Prof.R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1994
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present study aims to undertake a critical conceptual study on the understanding of Depressive illness in Ayurveda and to evaluate the therapeutic efficacy of a comprehensive Ayurvedic regimen for the treatment of Depressive illness vis-à-vis CITTAVASADA. The package of the therapeutic regimen consisted of physical exercise, Satvavajaya and oral administration of Aswagandha Rasayana.The above intervention showed a significant improvement both in terms of symptomatic relief and psychometric studies viz. level of anxiety, depression, adjustment, reaction time and memory span. It is concluded that management of Depression should be comprehensive enough and must include pharmacological remedies from Rasayana and Vajikarana drugs of Ayurveda besides nonpharmacological measures like physical exercise and psychotherapy both supportive and insight therapy as and when needed.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	85B
4	[ArtTitle]	***EFFECT OF MEDHYA RASAYANA ON INTERLLIGENCE IN MENTALLY RETARDED CHILDREN – A CONTROL STUDY***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. S. Sujatha
7	[NmeGuide]	Dr. N. Anjaneya Murthy
8	[NmeCoGuide]	Dr.Rangesh paramesh.R.
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Charakokta and medhya rasayana are considered for the study. Yastimadhu churna 2500 grams. Sankapuspikalka 2500gm, mandukaparni and guduchi swarasa each of 5000 ml are triturated and dried. Dugdha bhavana was given and dried in shade. Liv-52 syrup 2 tsp twice daily after food far deepana and pachana, haritakyadi churna for anulomana were administered before giving rasayana. Two days vishramakala was given then rasayana was given for about 60 days. Dosage:- Haritakyadi and medhya rasayana churna 1 gm 5-10 yrs of age group. 1-5 gm 10-15 yrs of age group.

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By weight twice daily after food with honey, Vachamalaki of 250 mg twice daily after food acted as control drug.

Twenty cases of both the sexes between age group 5-15 years were assigned into 2 groups. The control group received Deepana, Pachana Anulomana, Vachamalaki where as the trial group received Deepanama, Pachana, Anulomana Vnchamalaki and Medhya Rasayana VSMS test was applied for assessment both before and after treatment. The IQ scores were observed before and after the treatment in both the groups.

A favorable response was obtained in both the groups when trial drug was statistically analyzed over the control drug. It was statistically significant. When the assessment was done within the group s it was significant is group A than group B. when the assessment was done between mild and moderate grade, it was significant in mild grade.

The results were significant in 3 areas of social maturity that is occupation, self help dressing and self help general it was highly significant.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1003
4	[ArtTitle]	***CLINICAL AND EXPERIMENTAL STUDIES ON EPILEPSY WITH SPECIAL REFERENCE TO ITS MANAGEMENT WITH ASHVAGANDHA (WITHANIA SOMNIFERA DUNAL)***
5	[ArtEqEng]	
6	[NmeScholar]	N.P. Rai
7	[NmeGuide]	G.N. Chaturvedi
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1979
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	A brief clinical review on Epilepsy and Apasmar has been attempted. The clinical features of Epilepsy and Apasmar have striking similarity in bhibhatsa cheshta (stereotyped convulsions) and avasthika tamah pravesha (temporary loss of consciousness). On the basis of our clinical experiences in Epilepsy, Ashvagandha has been selected for the clinical trial. Forty patients of Epilepsy with positive E.E.G. finding were selected and treated with Ashvagandha powder 9 gm three times a day for 6 months. The response was recorded in terms of percentage regarding changes in symptomatic and E.E.G. pattern. The total response of treatment was excellent in 20%, good in 27.50%, poor in 17.50%, 25% cases showed unchanged and 10% cases showed no response. Some

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pharmacological experiments were conducted in which Ashvagandha (Withania somnifera dunal) showed anticonvulsant property against the electro induced seizures. It has also got barbiturate hypnosis potentiation properties but did not show effect against chemo induced convulsions.

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1	[ArtID]	
2	[FolNo]	15A
3	[SlNo]	4
4	[ArtTitle]	***A CLINICAL STUDY ON GODANTI BHASMA AND MEDHYA RASAYANA IN THE TREATMENT OF TENSION HEADACHE VIS-À-VIS VATIKA SIRAHSULA.***
5	[ArtEqEng]	
6	[NmeScholar]	Ram Niwas
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present thesis launched a conceptual and clinical study on Tension Headache vis-à-vis Vatic Sirahsula and its management with Godanti Bhasma and certain Medhya Rasayana drugs. The treatment response was assessed on selected patients of Tension headache after an inclusionary criterion. The clinical trial was conducted in 40 patients of tension headache. The effect of treatment was evaluated with help of symptom profile using a standard symptom grading scale, Anxiety rating scale and depression rating scale.The results were encouraging, Godanti Bhasma was found effective in somatic components like pain while the Medhya Rasayana drugs relieved the anxiety and tension. The overall result showed significant improvement in symptom profile. Thus, the Godanti Bhasma and Medhya Rasayana drugs appear to be effective and safe treatment of tension headache i.e. Vatika Sirahsula.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	15
4	[ArtTitle]	***A CLINICAL STUDY ON AN AYURVEDIC DRUG JYOTISMATI (CELASTRUS PANICULATUS) IN THE TREATMENT OF DEPRESSIVE ILLNESS***
5	[ArtEqEng]	
6	[NmeScholar]	Shekhar Baranwal
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	Mental illness has become the most disturbing health problem in modern industrialized society. Depression is the commonest mental disease to be faced in Psychiatry as well as in general medical practice. Depression is characterized by sadness, lack of concentration, hopelessness, worthlessness, loss of energy, suicidal ideas, loss of interest in activities etc. Depression can be termed as Chittavasada in Ayurveda. The term Chittavasada consists of two words, Chitta and Avasada. Chitta means psyche and avasada refers to depression. Chittavasada has not been mentioned as such in Ayurvedic classics. However, the term Avasada and Visada have been mentioned in the context of Manas dosa vikara by Caraka and Vata Vikara by Madhava. In recent years several synthetic drugs have been introduced for the treatment of Depression.

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Although these drugs are therapeutically quite effective but their action is associated with major side effects including drug dependence and drug resistance. On the other hand number of Ayurvedic drugs is also in vogue in clinical practice. Jyotismati (Celastrus paniculatus) is a classical Medhya drug with Usna and Tiksna property. It is Vatakapha samaka. Jyotismati is indicated in treatment of Manas roga, with this background a clinical trial was conducted to explore the possible anti depressant effect of Jyotismati. The trial drug Jyotismati (Seeds, leaves and tender branches) was used in the form of tablets (500mg.) in the dose of two tablets 2-3 times a day six weeks in 60 cases. The observation indicated noted reduction in grade scores of symptoms of Depression and change in Hamilton Depression Rating scale scores. Thus Jyotismati appears to be a drug with anti depressant effect.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	12
4	[ArtTitle]	***CLINICAL EVALUATION OF SOME MEDHYA RASAYANAS IN THE CARE OF PATIENTS OF REDUCIBLE MENTAL RETARDATION WITH SPECIAL REFERENCE TO MANDUKPARNI (Centella asiatica linn)***
5	[ArtEqEng]	
6	[NmeScholar]	Neeraj Khanna.
7	[NmeGuide]	Prof.R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1996
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present study aims to evaluate the efficacy of a Medhya Rasayana drug Mandukaparni (Centella asiatica linn.) in cases of mental retardation. The present study revealed notable behavioral and intellectual improvement in children attributable to Mandukparni Rasayana treatment. The treated children also showed physical improvement, significant improvement was noticed in mid arm circumference, reaction time performance i.o. and social adaptability. Behavioral assessment scoring device consist of Cooperation skills, Concentration skills, Communication skills and Hyperactive behavior. There was improvement in all four aspects, particularly communication skills.Thus Mandukaparni appears to be of definite

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value in promotion of mental health, cognitive ability and adaptive behavior in mentally retarded children. Mandukparni which was also studied by Apparao et. al earlier might be showing its beneficial effects in mental retardation through its neuro nutrient value and its possible role in promotion of brain blood flow.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	11
4	[ArtTitle]	***A CLINICAL AND EXPERIMENTAL STUDY OF THE MEDHYA EFFECT OF AINDRI RASAYANA (BACOPA MONNIERI) IN APPARENTLY NORMAL INDIVIDUALS AND PATIENTS OF ANXIETY DISORDER***
5	[ArtEqEng]	
6	[NmeScholar]	Rama Kant Yadav
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1995
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present study has been carried out with the objective to evaluate the efficacy of a Medhya rasayana drug Aindri (bacopa monnieri). A clinical study was conducted on two groups each containing 18 patients, the first group of normal individuals and the second group of Anxiety neurosis. Both groups were given the trial drug in the form of capsules, each capsule contained 500 mg. of total extract and one capsule thrice a day was given for four weeks to each group.On the basis of the observations, it can be concluded that Aindri has significant potential as Medhya Rasayana. It possesses Anxiolytic and Adaptogenic property. Higher mental functions and performance like memory were found enhanced following administration of this drug possibly because the

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improved nutritional status of the brain cells. This property of Aindri mimics that of Nootropic agents which are supposed to promote the neuro nutrient effect of the brain cells without undue alteration in blood circulation or any psycho stimulation producing positive effect on the higher mental functions like memory, intelligence and learning ability besides alleviating the anxiety state.

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1	[ArtID]	
2	[FolNo]	15A
3	[SlNo]	5
4	[ArtTitle]	***EFFECT OF MEDHYA RASAYANA DRUG IN PSYCHOMOTOR EPILEPSY VIS-À-VIS APASMARA AND ITS E.E.G CORRELATES***
5	[ArtEqEng]	
6	[NmeScholar]	Ashwini Shetty
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1991
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	This study aims to workout the clinical and demographic profile of the patients of Apasmara vis-à-vis psychomotor epilepsy and also clinical trial of Medhya Rasayana drugs in the treatment of these patients, utilizing symptomatic relief and EEG changes as parameters of therapeutic assessment. Clinical profile of fifty cases of Apasmara studied indicated that Apasmara and psychomotor epilepsy are comparable to a significant extent. Half of the patients in present service had normal E.E.G indicating a limited role of E.E.G., in the diagnosis of epilepsy in general. The clinical trial of Medhya Rasayana drugs (Medhya vati. & Aswagandha curna) reduce the frequency duration and severity of seizures in patients of Apasmara.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	13
4	[ArtTitle]	***A CLINICAL STUDY ON THE EFFECT OF MEDHYA RASAYANA MANDUPKARNI (C. ASIATICA) ON COGNITIVE FUNCTIONS IN CASES OF MENTAL RETARDATION***
5	[ArtEqEng]	
6	[NmeScholar]	Sudhir Chandra Agarwal
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1998
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	This study aims to workout the presentation profile of mental retardation as prevalent in this part of the country besides the impact of different aetiological factors as well as the strategies for prevention. Further, this study also evaluates the efficacy of the classical Medhya Rasayana Mandukparni in the management of Educable Mental Retardation.Mandukaparni panchaga churna processed in to sugar coated granules was administered in the dose of 5 gm. twice a day for six month. The impact of treatment was assessed during and after treatment through a self control system in a series of 30 mentally retarded children.This work shows that there was notable degree of beneficial effect of Mandukparni in mentally retarded

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children, recorded in terms of improved psychosocial behavior, cognitive ability and nutritional status. The drug seems to produce its effect through its neuronutrient role added with its vasodialator effect producing increased cerebrovascular circulation.

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1	[ArtID]	
2	[FolNo]	15A
3	[SlNo]	2
4	[ArtTitle]	***A CLINICAL STUDY OF MEDHYA RASAYANA THERAPY IN APASMARA VIS-À-VIS EPILEPSY***
5	[ArtEqEng]	
6	[NmeScholar]	Kamalesh Kumar Dwivedi
7	[NmeGuide]	Prof. R.H.Singh
8	[NmeCoGuide]	
9	[Dept]	Dep. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1989
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present work deals with the conceptual study on Apasmara followed by a self controlled clinical trial of Medhya Rasayana in 50 cases of Apasmara, five drugs were selected for trial Viz. Mandukaparni, Aswagandha, Sankhpuspi, Yastimadhu and Guduci. The clinical trial of Medhya Rasayana drugs in patients of Apasmara over a period of one year showed significant improvement in these patients in terms of reduction in mean frequency, mean duration and grade of severity of fits. Separate trials with Aswagandha (W.somnifera) were also done. It was observed that the results of trial treatment were more pronounced in patients of vatika prakriti in contrast to those of paittika prakriti where the response was minimum.

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1	[ArtID]	
2	[FolNo	BHU
3	[SlNo]	1356
4	[ArtTitle]	***A CRITICAL STUDY ON THE CONCEPTS OF MENTAL HEALTH AND ITS PROMOTION***
5	[ArtEqEng]	
6	[NmeScholar]	P.K. Bondriya
7	[NmeGuide]	R.H. Singh, Ratan Singh
8	[NmeCoGuide]	S. Nath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present thesis aims to make a critical study on the concepts of mental health and its promotion as described in ancient scriptures in the light of current thought on the subject. It is widely understood that the ancient literature conceives a high mental and spiritual model of mental health and well being. Mental health as conceived in Ayurveda and other Hindu traditions is a dynamic process and is dealt in relevance to the four dimensional concepts of Ayu i.e. life namely physical, sensory, mental and spiritual being. Critical study shows that two distinct models of health are conceived in Ayurveda namely (i) total health and (ii) absolute health which are discussed thoroughly in this thesis. The ancient texts describe a number of medicinal and non medicinal measures for promotion and prevention (primarily) of mental health namely dharaniya vega, rasayana, medhya rasayana, yoga including

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yama, niyama etc. these, if followed truthfully and with patience can solve interpersonal human problems and social tension. A study of trends of activities in the field of promotion of mental health indicates that the mental health movements are in progress world wide. i.e. clinical yoga movement, ancient Indian medicine movement, ideological and religious movement, transcendental meditation movement and the national yoga movement and similar other activity.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	27
4	[ArtTitle]	***MIND-BODY INTERACTION WITH THE ESSENTIALS OF BIOFEEDBACK***
5	[ArtEqEng]	
6	[NmeScholar]	Saroj Sharma
7	[NmeGuide]	Dr. U. C. Dubey
8	[NmeCoGuide]	Dr. G. P. Dubey
9	[Dept]	Dept. of Philosophy
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1994
13	[EnNo]	216548
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Philosophy, Basic principles
17	[AnyOther]	
18	[Abst]	The present work has been planned to study the mind body-interaction with the essentials of Biofeedback. It is a critical study of Biofeedback based on the ancient concept of mind body interaction. It is an attempt to establish a relationship between ancient Indian Philosophy and Modern Medical Science. For centuries, the nature of mind –body interaction has fascinated philosophers and physicians. Ancient Indian thinkers made an all out effort to understand the fundamental meaning and the purpose of life. The basis of Indian life was a sort of realistic idealism. The practice of life was made to agree with its philosophy. It was not a mere speculation but a way of living. People had certain objectives in life which was guided with philosophical and ethical codes. The prevalent philosophical concept was not only a systematization of

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concepts and theories, but it was also a quest, both of an immediate experience of reality and the achievement of virtuous life. Indian philosophers did not believe in the separation of physical aspect from the mental and moral aspects. Ancient seers mention that apart from the normalcy of structure and function of the body one must have the purity and clarity of *indriyas* (senses), *manas* (mind), and *atman* (soul). The above concept of normalcy not only includes the physical health but also mental and spiritual health. The above definition is very much identical with the latest definition of health, postulated by world health organization "Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity." The ancient definition of health is equally rather more precise. It is not only the adjustment of the human being to the world but it is the overall effectiveness and happiness. The concept of mind-body interaction has attracted the attention of the people from different fields of life including philosophers, scientists, religious scholars and medical people. Ancient seers believe that psyche (mind) and soma (body) is closely linked to each other and independence of one can not be specified in terms of the other. The modern 'Biofeedback Technique' is the implementation of psychosomatic interrelationship in respect to health and disease. The psychophysiological principle is utilized for psychosomatic self-regulation. All the classical texts are full of examples which can be cited in order to prove the fact that mind body interaction was a very widely prevalent concept which has been utilized to describe the aetiology, pathogenesis, symptomatology and treatment of the diseases including both the physical and mental disorders. The basic concepts of Biofeedback-Training are well considered in the Vedas, sacred scriptures of India and Yoga system of Indian Philosophy. Biofeedback is the feedback of biological information to the person whose biology it is. Biofeedback Training is a technique which, for the first time, allows a man to communicate with his inner self. In cases of psychosomatic disorders, biofeedback procedures are used most frequently to induce a general state of relaxation. Recent observation following biofeedback therapy indicates the clinical

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significance of biofeedback therapy especially in tension, headache, chronic anxiety, insomnia and hypertension. Scientists pointed out that heart rate changes appeared to be associated with changes in perception of the unpleasant stimulus. It is established fact that various hormones regulate the human behavior. Neuroendocrine system can be influenced by controlling thought process during feedback procedure. It is obvious that ancient Indian thinkers and modern scientists have laid emphasis on the mind-body interaction. The concept of the mind-body interaction has not only theoretical significance but practical also. Biofeedback technique is based on the principles of psychophysiology. It is widely applied to different clinical problems, ranging from the alleviation of anxiety to the management of specific symptoms, such as hypertension, migraine, epilepsy and anxiety neurosis. Biofeedback device is one of the important tools for psychophysiological self regulation. The present thesis has been designed to correlate the psychosomatic concept, as described in classical texts of Indian medicine and philosophy to the modern concept of biofeedback theory. It is apparent from the systematic concept of psychosomatic basis of health and disease that ancient concepts can be utilized for the development of human personality. As pointed out by ancient thinkers that every individual should have specific goal in his life. In order to achieve certain objectives in life, a person should develop his personality to cope better with the external environment. Adjustment with the external environment is the basic desire of every human being. One must try to inculcate the biological power to cope with the varying environment situations. The development of more effective coping methods and the alleviation of tension and stress in the individual's life appear to be the key objective of this biofeedback procedure.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1379
4	[ArtTitle]	***A NEUROHUMORAL STUDY ON BRAIN FUNCTION - STRESS AND ANTI STRESS DRUG ACTION (WITH SPECIAL REFERENCE TO THE EFFECT OF SOME PLANTS PRODUCTS)***
5	[ArtEqEng]	MASTISKA BRAIN FUNCTION ANTI STRESS DRAVYA
6	[NmeScholar]	S.R.Pathak
7	[NmeGuide]	R.H.Singh, G.P.Agrawal
8	[NmeCoGuide]	S.Nath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1990
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The main objectives of the present study was to investigate the multi neurohumoral phenomenon of brain function in stress and evaluate the anti stress action of plant products, grouped as Rasayana in Ayurvedic texts. The later objective was evaluated on the basis of comparative assessment with the effects of diazepam, a known anti stress drug. Following such views, an experimental study was conducted on albino rats and their whole brain samples were selected for measurements of changes in their neurohumoral content under the conditions of different experimental schedule of the present study. The plant test drugs used are (a) Satavari (Asparagus racemosus). (b) Asvagandha (Withania somnifera) (c) Jatamamsi (Nardostachys jatamamsi), (d) Vacha (Acorus calamus) (e)

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Brahmi (Bacopa monniera) (f) Manduka parmi (Hydrocotyl asiatica) (g) Sankhapushpi (Convolvulus pluricalis and (h) Jyotishmati (Celastrus paniculatis). They were used separately in different groups of albino rats. At the end of 10th day of experiment, following brain neurohumors were estimated viz. GABA glutamate, catecholamines, Ach, histamine and 5-HT.

The results obtained shows, during stress all the different types of neuronal systems are stimulated in the brain. However, some of them like GABArgic, histaminergic and catecholaminergic systems are extremely effected and hence responsible for the participation of a state of disorders psychosomatic homestasis. Regarding anti-stress action of plants, it appears every test drugs influence multineurohumoral phenomenon of the stressed brain like diazepam. Among other N. Jatamansi & H. Assiatica were found more effective.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1334
4	[ArtTitle]	***AYURVEDIC CONCEPT ABOUT PSYCHIATRY WITH SPECIAL STUDY ON UNMADA ROGA (SCHIZOPHRENIA & OTHER PSYCHIATRIC DISEASES)***
5	[ArtEqEng]	
6	[NmeScholar]	K.P.Shukla
7	[NmeGuide]	Y.N.Upadhyay
8	[NmeCoGuide]	Ramji
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1974
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	A conceptual detail of various kinds of mental illness have been the subject of this excellent work. Along with this clinical studies including incidences, constitution and various laboratory data in patients of Unmada roga have been worked out. Whole thesis comprises of seven parts. A constitutional study in 314 patients was done and therapeutic study in 181 patients of Unmada roga has been conducted with a compound drug Medhya kashaya and two single gradient of the same compound. Modern control and placebo controls have also been used. Group was made on the basis of type of Unmada described in Ayurveda. Statistical study was carried out on these groups. The study found vatika, paittika and kaphaja type of Unmada responded best to the treatment. Tridoshaja and Agantuja type did not show any improvement.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	19
4	[ArtTitle]	***PSYCHOLOGICAL EVALUATION OF MENTAL HEALTH IN PATIENTS OF NEUROSIS TREATED WITH AYURVEDIC AND YOGA THERAPY***
5	[ArtEqEng]	
6	[NmeScholar]	Jai prakash
7	[NmeGuide]	Dr.K.P.Shukla
8	[NmeCoGuide]	Prof.R.H.Singh
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1992
13	[EnNo]	171268
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present study entitled "Psychological evaluation of mental health in patients of neurosis treated with Ayurvedic and Yoga therapy", essentially aims to undertake two aspects of studies. Firstly, it aims at a clinical and socio demographical studies of neurotic disorders. Secondly, it involves a therapeutic study to evaluate and compare the effectiveness of Indigenous Drug therapy with Yoga therapy, either alone or together in the treatment of neurosis. The sample of this study consisted of 275 neurotic patients who attended the O.P.D. of Kayachikitsa Department and Yoga Clinic of S.S. Hospital, Banaras Hindu University, Varanasi, during the period July 1987-December 1989 and 30 normal /controls were selected and matched with the patients in terms of sex and age. The patients were assessed clinically and following diagnosis were made:Anxiety

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neurosis (Anx) (n = 90)Neurotic depression (Dep) (n=75)Hysterical neurosis (Hys) (n=30)Sex neurosis (Sex) (n=25)Obsessive compulsive neurosis (Ocn) (n=30), and Hypochondrial neurosis (Hyp) (n=25).A battery of tests were administered to both neurotic patients and normal / controls before undertaking therapy to establish the baseline and all the tests were repeated after undergoing therapies for a period of 3 months. The psychological tests used in the study were:Self-Evaluation Scale (An Anxiety Scale: For State, Trait and Free-floating Anxieties) (Tripathi, R.R. and Rastogi, A., 1983).An Adjustment Scale (Tripathi, R.R.1989).Beck Depression Inventory (B.D.I.) (Prasanta, A. and Arora, M., 1988).Eysenck Personality inventory (E.P.I.) (Gupta, B.S., 1987).Immediate Memory Span (I.M.S.).The physiological measures like Pulse rate, Respiration rate/per minute, Blood pressure and Breath holding time / per minute were recorded. Symptoms were also recorded before undertaking therapies and after therapies. After clinical and psychological examination, patients were randomly divided into 3 treatment groups.**Indigenous Drugs Therapy (DT)** : **Asvagandha**, **Kapikacchu**, **Shankhpuspi** and **Brahmi** were prescribed to the patients. All these drugs were mixed together and product was known as **Medhya Churna.** Patients were advised to take **Medhya Churna,** 4 gm. t.i.d. continuously for 3 months.**Yoga Therapy (YT)** : **Sukhasana, Bhujangasana, Salabhasana, Pavanmuktasana, Sarvangasana, Matsyasana, Yoga Mudra, Savasana, Nishpand Bhav** and some simple **Pranayama** were taught to the patients.**Combined Therapy (Yoga + Drug Therapy) (CT):** Above mentioned drugs and yoga practices in combined form were prescribed.Besides, neurotic patients, normal subjects were also prescribed above mentioned yoga practices. Treatments were continued for 3 months. Post treatment evaluation was done after 3 months. Out of 275 patients, 93 discontinued the treatment. Thus excluded from the study, 71 were assigned to the indigenous drug therapy, 52 to the yoga therapy and 59 to the combined therapy. Data were collected from both neurotic patients and normal / controls and analyzed by one way ANCOVA, two way ANOVA,

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Newman-Kuels test, Chi-square test and t-test.The salient findings of the Present study are as follows:**SOCIO-DEMOGRAPHICAL FACTORS:**Neurotic disturbance was highest in the 20-39 year age group (66.90%) and lowest in the 40-59 year age group (14.55%). Majority of the hysterics and sex neurotics were fell in the 10-29 year age group.The incidence of neurosis was found maximum in married persons (67.64%) as compared to unmarried (29.09%).Majority of the neurotics belonged to urban area (73.45%) whereas 26.55% of patients were from rural areas.Majority of the patients belonged to nuclear families (63.63%).Majority of the neurotic patients (29.09%) were educated between high school and intermediate whereas majority of the hysterics (33.33%) were of junior high school standard. Majority of patients were students (27.64%) followed by unemployed (20%) and housewives (19.64%).Neurotic disturbance was very high in the upper social class (31.27%) and very low in the middle class (11.27%). Whereas hysterical neurosis and sex neurosis were high in lower or lower middle socio economic class, 60% and 52%, respectively.Neurotic disturbance was high in first and only born (37.09%) but majority of the hysterics were third born (40%).**CLINICAL FACTORS:**Majority of the neurotic patients (82.54%) had illness for less than one year.The commonest presenting somatic symptoms were headache (76.37%), loss of appetite (76.37%), general weakness (69.78%) and chest pain (49.45%). While commonest psychological symptoms were insomnia (72.53%), irritability (70.34%), sense of guilt (67.58%), inferiority complex (67.58%), fatigue (67.58%) and nervousness (65.93%).**THERAPEUTIC TRIALS:**Significant pre-post changes were observed for all the psychological and physiological parameters in the normal/ controls at the end of 3 months.Patients from all the three treatment groups showed improvement indicating each treatment yielded significant improvement. Significant differences were observed in their pre and post treatment scores for all the psychological and physiological parameters. Significant pre and post changes were also observed for symptoms.ANOVA revealed that the treatment mode was

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casting significant effect upon the dependent measures of Anxiety (State, Trait and Free-floating), Adjustment, B.D.I., E.P.I. (Neuroticism, Extraversion and lie), Immediate memory span, Pulse rate, B.P (systolic and Diastolic), respiration rate and Breath-holding time. The main effect of group was casting significant effect on Adjustment, B.D.I., Extraversion, immediate memory span, Diastolic B.P., Respiration rate and Breath holding time. The main effect of interaction of group by treatment mode was significant for Adjustment only. In instances where differences in treatment effectiveness were observed, combined therapy yielded more positive outcomes than did yoga and drug therapy. Whereas drug therapy yielded somewhat positive outcomes than did yoga therapy. In conclusion, it is observed that socio demographical and clinical aspects have a definite relationship with neurotic disorders. It is essential to take into consideration the total perspective of an individual in terms of age, marital status, habitat, family structure, education, occupation, socio economic status, birth order and duration of illness rather than viewing the individual separately from these variables. From such an observation, it could be detected that either yoga therapy or indigenous drug therapy could have equally generated positive effect. In instances where differences in treatment effectiveness were observed, combined therapy yielded more positive outcomes than did yoga therapy or indigenous drug therapy. It is concluded that combined treatment may emerge as safe and effective remedies for the management of neurotic disorders.

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1	[ArtID]	
2	[FolNo]	8
3	[SlNo]	14
4	[ArtTitle]	***PSYCHONEUROPHYSIOLOGICAL CHANGES FOLLOWING AUTOGENIC SELF-REGULATION AND ITS SIGNIFICANCE IN THE MANAGEMENT OF PSYCHOSOMATIC DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	Shiv Prasad Dixit
7	[NmeGuide]	Dr. G. P. Dubey
8	[NmeCoGuide]	Dr. J. D. Gode
9	[Dept]	Dept. of Basic principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences, BHU
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1992
13	[EnNo]	158002
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic principles
17	[AnyOther]	
18	[Abst]	The present work has been planned to assess the psychoneurophysiological changes following autogenic self-regulation and its significance in the prevention and management of psychosomatic disorders. In order to evaluate the potential effect of various non- pharmacologic procedures, apparently normal individuals of both the sex groups were included in this series. Similarly, patients suffering from various psychosomatic disorders were also selected in the present study. The cases who showed interest in undergoing various non-pharmacologic procedures were subjected for constitutional assessment. The constitution of a person was determined by the group characteristics of each constitution as described in classical text of Ayurveda. After classifying

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the personality types, the cases were subjected for biochemical, psychological and electrophysiological assessment, Blood pressure, occipito frontalis muscle action potential, anxiety level, fluctuation of attention were recorded in all the cases. In EEG, only alpha frequency was utilized for the study. In biochemical parameters, Acetylcholine and plasma cortisol were measured in all the cases. After initial investigations, all the cases were subjected for relaxation or meditation therapy based on personality types and stress manifestations. In this study, 148 normal cases and 209 cases of different disease groups were evaluated. In disease groups, except Anxiety neurosis and Cardioneurosis cases, the conventional therapy was also introduced along with these non-pharmacologic procedures. In anxiety neurosis and Cardioneurosis conventional therapy was not introduced. In different disease groups, 48 cases of anxiety neurosis, 36 cases of cardioneurosis, 42 cases of essential hypertension, 38 cases of early thyrotoxicosis and 45 cases of coronary heart disease were studied. In disease groups, out of 209 cases, 116 cases were given relaxation and 93 cases were given meditation. After initial training, the subjects were asked to practice relaxation and meditation procedures at home. The cases were asked to report for follow up study at the interval of four weeks. All the initial investigations were repeated. At the end of four months of therapy all the values were compared with the initial findings. After careful follow up studies, it was observed that majority of cases showed general feeling of well being, improved sleep and appetite. In normal series, cases reported over all improvement in general physical and mental performance. From the result it is evident that normal vatic individuals showed high anxiety level, high muscle action potential, comparatively high acetylcholine and low alpha activity while kaphaja individuals showed comparatively less anxiety level, less muscle action potential and high alpha activity.After meditation therapy, Vatic cases exhibited high anxiety level, high muscle action potential while EEG showed significant reduction in alpha level. Though in all the constitutional group a similar change was obtained following meditation but maximum alterations were recorded in vatic group. After one month of meditation therapy all the cases

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showed gradual increasing trend in almost all the parameters but some of the results in paittic and kaphaja group could not show significant difference. It is likely that in order to achieve concentration level forceful efforts were made and as a result individuals went under stress at the initial stage following meditation therapy. In disease groups also initial training of meditation process showed similar trend. In treated group where meditation was induced anxiety level showed significant difference following meditation after one month of therapy. Similarly cases suffering from cardioneurosis, essential hypertension, early thyrotoxicosis and CHD also exhibited significantly high anxiety score following one month of training. Muscle action potential which is an indicator of anxiety level also increased significantly following meditation in all the clinical groups under study. Therefore, it is concluded that in disease groups especially in cases of CHD meditation should be avoided. But in cases of anxiety neurosis, Cardioneurosis and essential hypertension early meditation exerts more stress but due to declining trend of various parameters in remaining months, meditation may be beneficial to cope with the anxiety and stress which ultimately helps in the early prevention of further progression of diseases due to psychosocial stress. Systolic and Diastolic blood pressure also increased in normal as well as in disease conditions. In normal series, meditation produced more significant effect in vatic group while in Kaphaja group no significant difference could be seen. In disease group, when meditation was introduced, a significant elevation in systolic blood pressure was observed in anxiety neurosis and cardioneurosis cases. Though other clinical condition like essential hypertension, early thyrotoxicosis and CHD also showed increasing trend but difference was not found significant following one month of meditation training programme. At the end of 4th follow up, systolic blood pressure showed significant decrease in anxiety neurosis and early thyrotoxicosis group of cases. Therefore, it can be concluded that meditation initially increase the blood pressure, later on it showed declining trend. Alpha brain wave pattern is very much significant from the point of view of laboratory assessment of effect of autogenic self regulation. Meditation decreased the alpha in almost all the

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personality type in both sex groups. Later on, continuous practice of meditation showed significant elevation of alpha activity in these personality groups. The difference was found significant except in Paittic male series of cases. In disease groups, alpha pattern was found significantly reduced in anxiety neurosis in comparison to non-meditative group. In normal series meditation significantly reduced the alpha pattern in Vatic and Paittic male cases. Kaphaja group could not show any significant difference following meditation. Fluctuation of attention also showed similar pattern. Paittic and Kaphaj of both sex groups of cases could not show any change following meditation. Similarly, acetylcholine and plasma cortisol both have shown significant elevation in Vatic and Paittic cases of both sex groups. But in Kaphaj group the above biochemical parameters could not show any significant difference after one month of meditation training. In disease group meditation showed marked influence on anxiety level following meditation in almost all the clinical groups. Non-meditation group could not demonstrate any change. Muscle action potential showed significant elevation but the maximum difference was noticed in anxiety neurosis, cardioneurosis and essential hypertension cases. Early thyrotoxicosis and CHD cases could not show any significant difference in EMG level. But after four months of therapy a gradual declining trend in anxiey and muscle acion potential levels were noticed. Systolic blood pressure also showed significant increase following meditation practice in all the groups except in early thyrotoxicosis and ischaemic heart disease cases. Systolic blood pressure showed a significant declining trend in all the clinical conditions except CHD and early thyrotoxicosis cases. Diastolic blood pressure exhibited significant elevation in cardioneurosis, essential hypertension, early thyrotoxicosis and CHD cases. After four months of meditation therapy a significant decrease in diastolic blood pressure was noticed in anxiety neurosis, Cardioneurosis, essential hypertension, early theyrotoxicosis and CHD cases. In the beginning, Fluctuation of attention also showed increasing pattern after meditation practice. But after four months of therapy significant decreased values were noticed and on comparison the differences were significant in all the treated groups.

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Initially, Meditation decreases the alpha pattern in all the clinical cases but at the end of four months of therapy a significant declining trend was noticed when the initial values compared with four months of therapy. Plasma cortisol and acetylcholine both were found increased following meditation in Vatic and Paittic groups. Kaphaj group could not show any change. In disease group acetylcholine was found significantly elevated following meditation. A similar pattern was observed in plasma cortisol levels. The relaxation showed marked reduction in anxiety level, electromyographic muscle action potential following four months of practice. Similarly systolic and diastolic blood pressure also showed significant reduction in Vatic group. While in Paittic and Kahaj groups no difference could be seen. Similarly, diastolic blood pressure could not show and difference except in Vatic group of cases. Fluctuation of attention showed marked decrease in almost all the constitutional groups except in paittic female and Kaphaj group of cases. Alpha frequency also showed significant increase in Vatic and Paittic group following four months of the relaxation therapy except in Kaphaj cases. Plasma cortisol and acetylcholine showed maximum decrease in Vatic and Paittic groups. In Kaphaj group acetylcholine could not show any change. Relaxation showed more beneficial effect on anxiety levels in disease groups. Maximum changes were observed in anxiety neurosis cases. Anxiety level and muscle action potential showed greater reduction in all the clinical groups. Systolic blood pressure could not show any change in coronary heart disease case but maximum difference was found in anxiety neurosis, cardioneurosis and essential hypertension cases. Diastolic blood pressure also showed significant reduction in almost all the clinical groups. Fluctuation of attention and alpha pattern also exhibited varying pattern indicating that relaxation exerts significant influence on elevated biochemical parameters following anxiety and stress. In brief it can be concluded that both relaxation and meditation may be useful as a supportive therapy for the management of various psychosomatic disorders.

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1	[ArtID]	
2	[FolNo]	BHU
3	[SlNo]	1380
4	[ArtTitle]	***A STUDY OF PERSONALITY AND BEHAVIOR PATTERN PROFILE IN PSYCHOSOMATIC DISORDERS AND THE ROLE OF CERTAIN THERAPEUTIC INTERVENTIONS***
5	[ArtEqEng]	
6	[NmeScholar]	Tripathi, Krishna Murari
7	[NmeGuide]	R.H.Singh
8	[NmeCoGuide]	S. Nath
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1987
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The present thesis essentially aims to study the degree of difference and the possibility of continuity between neurosis and psychosomatic disease in terms of personality and behavior patterns. It also aims to assess the above issue in the light of certain therapeutic investigations. The present study is based on basal and follow up observations on three hundred and twenty seven subjects. Patients including a group of normal and control. A series consisted of 30 normal controls, 155 cases of different kinds of neurosis and 142 cases of different psychosomatic patients (Diabetes mellitus, irritable bowel syndrome and rheumatoid arthritis) were selected. The overall observation indicates that neurosis and psychosomatic disease

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do exist as distinct groups and significantly differ from normal \ controls in terms of personality and behaviors pattern profile. Secondly the inter group assessment on different parameters suggest that a psychological and clinicopathological continuity exists between neurosis and psychosomatic disease. The therapeutic interventions, used in the present study were certain indigenous drugs and yoga practices, therapeutic effects were assessed through a comparative follow up study in terms of clinical relief and modification in personality and behaviors patterns. The results suggested that they might emerge as safe and effective remedies from the management of neurotic and psychoneurotic disorders.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	259
4	[ArtTitle]	***PSYCHOSOMATIC BASIS OF HEALTH AND DISEASE***
5	[ArtEqEng]	
6	[NmeScholar]	Pathak, Madhu
7	[NmeGuide]	G.P.Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The present thesis has been planned to study the psychosomatic basis of health and disease. The Indian concept of psychosomatic basis of health and disease is more comprehensive than the western concept. The ancient Indian thinkers have covered entire spectrum of life while discussing the concept of health and disease. Due to the broadness towards the attitude of life, they made an all out effort to understand the fundamental purpose of life. Freedom from the miseries was the supreme goal of ancient Indian thinkers. The correct analysis of soul provides the only remedy for the maintenance of psychosomatic health and also freedom from miseries of the world. In Upanishad it is mentioned that the spiritual perfection was considered the only way to remove the sufferings. By purification of mind and leading a virtuous life,

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one can attain the perfect homeostasis. The Aitareya Upanishad, it is mentioned that nothing is beyond or beside the Atman. As regard the concept of soul in Samkhya system of philosophy, it adapts critical, analytical and scientific attitude. Both Prakriti and Purusha are responsible for evolution of the universe. The concept of Atman in Vedanta is the highest achievement of philosophical thought. Atman is the homogenous, conscious and single entity of the universe. Ancient seers had conceived the idea about the role of anxiety and stress in the etiology of psychosomatic disorders. Therefore, they have studied mind from the health and disease point of view. According to Caraka thinking (cinta), reasoning (vicara), analysis (uhya), attention (dhyana), determination (samkalpa) and other such functions are specifically related with mind. The observance of eight fold path of yoga advocated by patanjali was considered the only way of freedom from wordly miseries. The ancient seers propounded certain ethical values for the personality development.

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1	[ArtID]	
2	[FolNo]	27
3	[SlNo]	27
4	[ArtTitle]	***CONCEPT OF PSYCHOSOMATICS AND PSYCHOSOMATIC DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	Arvind Kumar Tripathi
7	[NmeGuide]	Prof. G.P. Dubey
8	[NmeCoGuide]	Dr. R.D. Sharma
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1999
13	[EnNo]	247162
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	The present work is an attempt to study anxiety and depression with the help of certain standardized psychological tools. It has also been designed to investigate the role of indigenous drug Centella asiatica Linn. in the management of anxiety and depressive disorder. In this study we have taken three group i.e. two experimental and one control group. The experimental groups were anxiety disorder (Experimental group I) and Depressive disorder (Experimental group II) and the control group was of normal healthy control. Each group consists of 50 patients that include both the sexes. All the cases were in the age range of 20-45 yrs of age. Only educated cases were taken for the study. The trial and control cases were residents of Varanasi or neighbouring villages in order to ensure follow up. They were

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not having any physical or any other problem. Only those cases were included in the study who are willingly ready for the experiment.

The present study was a follow up study; initial data has been collected at the line of first contact or before administration of medicine that has been treated as base-line data. The follow up data has been taken after the three months continuous use of indigenous drug. Data has been collected on these tests – Middlesex Hospital Questionnaire (MHQ), State-Trait Anxiety Inventory (STAI), Beck depression Inventory (BDI) and Post Graduate Institute Memory Scale (PGIMS). All these tests have been administered prior to administration of Indigenous drug and after the use of this drug (for three months).

Anxiety patient score high scores on state trait anxiety inventory and free floating anxiety (FFA, a part of MHQ). While depressive patients scores were high on Beck depression inventory (BDI) and Depression (Depression a part of MHQ). Anxiety patients mean on state Anxiety was 51.92±5.416 and on trait anxiety 49.86±4.125. Whereas in depression it was only 45.50±6.088 and 44.32±5.593 in regard to state and trait anxiety respectively. While in normal it was only 31.16 in state and 39.32 in trait anxiety.

Significant differences were observed in the mean of Anxiety and normal cases (18.052 t value; significant at 0.001 level of significance). In respect to trait anxiety similar findings were found the observed 't' value is 10.057 which is again significant at 0.001 level. In regard to FFA also, significant difference has been registered (t value – 20.93 which is significant at 0.001 level).

Depressive patients scored a mean of 38.14±1.927 which is quite high than the mean of Anxiety and normal (18.24±1.943 and 10.36±2.7223 respectively). In MHQ Depressive patient scores on Dep 12.96 which is almost more than double of Anxiety and normal score (6.32 and 4.94 respectively).

Slight memory impairment was registered by anxiety and depressive patient on PGI Memory Scale.

A drastic change has been seen after the use of the drug

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"Centella asiatica linn". This drug has been given to both the experimental group in equal doses, as directed by the treating physician for three months regularly. All the scores were quite close to normal score.

While comparing the scores of Anxiety patient (base line and follow up score) we found the t value of 8.859 in state anxiety which is significant at 0.001 level of significance, whereas in trait anxiety it is 9.173 which is again significant at 0.001 levels. In regard to FFA the t value is 14.80 which is highly significant at 0.001 level of significances.

In BDI also depressive patient scores decreased with the help of medicine and significant differences were registered by depressive patient (33.56 which is significant at 0.001 level of significance). In Dep (MHQ is part) also while comparing base – line and follow up score, we could found t value of 15.96 which is highly significant at 0.001 level of significance.

On PGIMS, anxiety patient showed impairment in regard to mental balance, attention and concentration, immediate recall, Verbal retention of dissimilar pair and Recognition. An improvement is visible in regard to all the sub parts, as the effect of medicine. In regard to depression major impairment is seen in delayed recall, immediate recall, visual retention and verbal retention for dissimilar pair. An improvement in observed as the effect of medicine.

On the basis of above findings following conclusion may be drawn:-

* Anxiety patient scored higher scores on State, Trait and free Floating anxiety level than depressive and normal healthy control.
* Depressive patient scored higher score on Depression inventory and MHQ's Dep aspect than Anxiety cases and normal healthy control.
* Memory impairment was found to be higher in Anxiety and depressive patients than normal healthy control.
* The level of Anxiety (State, Trait and Free Floating) in anxiety patient reduced with the indigenous drug treatment.

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* The higher depressive scores in depressive patient reduced with the Indigenous drug treatment.
* The Indigenous drug treatment generated positive effect in Anxiety and depressive patient with impairment.

Therefore, the Ayurvedic drug centella Asitica linn has effective role to ameliorate the symptoms of Anxiety and depression, do have potency to improve memory in memory impaired cases.

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1	[ArtID]	
2	[FolNo]	15 A
3	[SlNo]	8
4	[ArtTitle]	***A CLINICAL STUDY ON PERSONALITY FACTORS IN CASES OF RESIDUAL SCHIZOPHRENIA AND ITS AYURVEDIC MANAGEMENT***
5	[ArtEqEng]	
6	[NmeScholar]	Jyoti Shankar Tripathi
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Dept. of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1992
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa – Manasa roga
17	[AnyOther]	
18	[Abst]	The present study aims to undertake a conceptual and clinical enquiry on the role of "Deha prakriti" in mental ill health with special reference to Residual Schizophrenia and its Ayurvedic management aiming further to launch a preliminary clinical trial of Rasausadhi 'Smrti Sagara Rasa'. The following parameters were used to assess this clinical study like parameters for assessment of different personality types, body constitution (physique) and temperament by Sheldon's classification and scale for physique and temperament, brief psychiatric rating scale (B.P.R.S) and Hamilton's anxiety rating scale. A therapeutic trial of Smrtisagara rasa was done on 45 patients.Results of the present study show that Residual Schizophrenia is more prevalent in persons of Vata pittaja prakriti and Smrtisagara rasa showed significant beneficial

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effects in patients of Residual schizophrenia and Anxiety disorder. The response of treatment with Smrtisagara rasa was relatively more pronounced in patients of Kapha vataja prakriti in both diseased groups, similarly results were found better in patients with acute onset of illness less than four year duration and Paranoid Schizophrenia as previous episode. The response was minimal in case with chronic onset of illness and cases which suffered from undifferentiated type and Hebephrenic type of Schizophrenia in previous episodes. Mode of action of Smrtisagar Rasa appears to be because of the role of Bhavana dravya of this preparation viz. Brahmi, Vaca and Jyotismati oil. All the three bhavana dravya mentioned above are established Medhya drugs. Thus Smrtisagara rasa appears to be a good remedy for treatment of residual Schizophrenia especially in persons of kapha vataja prakruti.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	240
4	[ArtTitle]	***SOCIO CULTURAL FACTORS IN PSYCHO SOMATIC DISORDERS***
5	[ArtEqEng]	
6	[NmeScholar]	Agrawal, Shashi
7	[NmeGuide]	G.S Nepali, G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[AnyOther]	
18	[Abst]	Thyrotoxicosis is one of the major psychosomatic disorders. Sociocultural factors significantly influence the prevalence of this disease. In order to prove the above hypothesis the relative incidence of thyrotoxicosis in different localities of eastern U.P. were studied. Various sociocultural and demographic studies have shown a significant association with the occurrence of early thyrotoxicosis. Various psychosocial stress like worry, anxiety, suppressed anger were found significantly associated with thyrotoxic patients. Early thyrotoxicosis was found more common in Vatic female. Role conflict, multiplicity of roles, intergeneration gap were also observed as important stress producing factors. Urbanization / basic insecurity, nuclear family and hyper reactive personality traits were the common socio cultural factors associated with early thyrotoxicosis.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	9A
4	[ArtTitle]	***STUDIES ON SOME PLANT DRUGS AS ANTIDEPRESSANTS WITH SPECIAL REFERENCE TO VACA (ACORUS CALAMUS)***
5	[ArtEqEng]	
6	[NmeScholar]	Arun Kumar Tripathi
7	[NmeGuide]	Prof. R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	
10	[Insti]	
11	[Univ]	
12	[Year]	1993
13	[EnNo]	
14	[Lang]	English
15	[Study]	
16	[SubStudy]	
17	[AnyOther]	
18	[Abst]	The present work aims to launch a clinical and experimental investigation on depression and its treatment with Vasa and Aswagandha. The study indicating a mild to moderate anti depressant effect in Vaca (Acorus calamus). The treatment response of Vaca and Aswagandha was also tested in normal and stressed albino rats which indicates that Aswagandha possesses both anxiolytic and antidepressant effect while Vaca has only antidepressant effect in this model. Vaca is a classical Medhya drug with Tikshna guna which could the responsible for its anti-depressant effect. The results of clinical trial wee evaluated with the help of symptoms profile using a standard symptoms grading scale - Hemiltons depression rating scale and physiological parameters.

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The clinical study was conducted on 50 diagnosed cases of depressive illness and the test drug vaca was clinically tried on 33 patients over a period of six weeks in the dose of one gram thrice a day.

Experiments were also done to study the mode of action of these drugs. The observations made in this experiment reveals that Aswagandha had notable 5-HTLA receptor down regulating effect where as Vaca did not show any receptor sensitivity.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	260
4	[ArtTitle]	***PSYCHOSOMATIC CONCEPT AS DESCRIBED IN CLASSICAL TEXTS OF INDIAN MEDICINE***
5	[ArtEqEng]	
6	[NmeScholar]	Srivastava, Poonam
7	[NmeGuide]	G.P. Dubey
8	[NmeCoGuide]	
9	[Dept]	Department of Basic Principles
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1983
13	[EnNo]	
14	[Lang]	English
15	[Study]	Ph.D.
16	[SubStudy]	Basic Principles
17	[Any another]	
18	[Abst]	The present thesis has been planned to study the psychosomatic concepts described in classical texts of Ayurveda. The origin and development of psychosomatic concepts can be traced from the cosmogenesis. Man in relation to his biosphere has always been a complex problem before the thinkers. From Rigveda till the systematic development of medical school maximum time and attention have been directed in studying the physical nature of the body. Human body has gross and subtle dimension. Sarira has remained a matter of much interest for our ancient seers for both medical and non medical. The structure and function of Hridaya has been described for the first time in Atharvaveda. Later on after the rise of medical school, Caraka has considered it as a seat of consciousness. Susruta has defined sarira as a combination of Atma and

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Pancamahabhuta. The origin of Tridosa can be traced from the origin of cosmic evolution. The concept of Manas has occupied supreme position in ancient Indian literature. In all Vedic literature maximum time and attention has been directed to understand the origin and nature of Manas. Caraka has described the rules of Saddvritta in great detail which is essential for ideal mental and physical health and good social and spiritual life. The propounders of Indian Medicine never considered the man in pieces but they studied man as a composite Whole.

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1	[ArtID]	
2	[FolNo]	15
3	[SlNo]	100B
4	[ArtTitle]	***THE EFFECT OF SHIROBASTI IN THE MANAGEMETN OF NIDRANASHA WITH SPECIAL REFERENCES TO PRIMARY INSOMNIA AN OBSERVATIONAL STUDY.***
5	[ArtEqEng]	
6	[NmeScholar]	Dr. Muralidhar P. Pujar
7	[NmeGuide]	Dr. S.G. Mangalagi
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Government Ayurvedic Medical College, Mysore
11	[Univ]	Rajiv Gandhi University of Health Sciences, Bangalore
12	[Year]	1999
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	Thesis contains two parts. One is the literature part and the second part contains materials and methods observations and results, discussion, conclusion and summary. The literature part contains the historical review, various definitions, synonyms, Ayurvedic physiology of sleep, types of sleep explained in Brahatrayies the Nidana of Nidranasha explained by different authors, Samprapti of Nidranasha, Lakshanas of Nidranasha, Upashaya and Anupashaya of Nidranasha Upadrava of Nidranasha, Arishta Lakshanas of Nidranasha, Sapekshanidana, various therapeutic procedures of Nidranasha, various Oushadhiyogas indicated in Nidranasha.

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In this same part the modern concept of sleep has been mentioned. This part contains definition of sleep, normal physiology of sleep, various stages of sleep, types of sleep, centers response for sleep, certain measures to analyze the sleep, physiological effects of sleep, certain measures to analyze the sleep, physiological effects of sleep, and the description regarding the insomnia and the treatment of insomnia.

The properties of the Ingredients of the Tungadrumadi Taila have been reviewed. The literature part of the shirobasti also been mentioned.

In the second part, the materials and methods, observation and results discussion, conclusion and summary has been mentioned.

In the second part, the materials and methods, observation and results discussion, conclusion and summary has been mentioned.

The clinical trial was conducted on 15 patients who were suffering from primary insomnia. All the patients were treated with shirobasti, prior to shirobasti all the patients were investigated for blood HB% TC, DC, ESR, Urine Rotune and stool for ova and cyst. Then all the patients received deepana with panchakola churna and anulomanaroopi virechana with triphala churna and next day shoroasti was done for seven days with tungadrumadi taila. And the follow up was done on 7th, 14th, 21st and 28th day after the treatment and the sleep pattern was assered by giving the grades to the symptoms.

All the male patients were selected, between the age group of 20-60 years of different occupations. And all the patients were treated with shirobasti with tungadrumadi taila for a period of seven consecutive days.

The results of the clinical trail is as follows:-

Difficulty in initiating sleep –P 0.001 (HS), reduction sleep time –P 0.001 (HS), wakefulness during sleep – P 0.001 (HS), Jadya – P 0.001 (HS) Shirogourava – P 0.001 (HS), Jrumbha – P 0.001 (HS) Apakti – 0.05 (NS), Tandra – P0.001 (HS).

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The same results were observed after the last followup (28th day) also.

Out of 15 patients – 12 patients (80%) were got complete relief. One patient (6.6%) was not releaved from the compliant and 2 patients (13.3%) were moderately benefited. And thus concluded as shirobasti with tungadramadi taila is useful in treating the patients suffering from Nidranasha (Primary Insomnia) and only course (7 concecutive days) is enough to treat the patients.

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1	[ArtID]	
2	[FolNo]	16
3	[SlNo]	16
4	[ArtTitle]	***A STUDY OF A SCOPE OF RASAYANA VAJI KARANA THERAPY IN MANAS ROGA WITH SPECIAL REFERENCE TO ANXIETY AND DEPRESSION.***
5	[ArtEqEng]	
6	[NmeScholar]	Tripathi, Raj Kishore
7	[NmeGuide]	R.H. Singh
8	[NmeCoGuide]	
9	[Dept]	Department of Kayachikitsa
10	[Insti]	Faculty of Ayurveda, Institute of Medical Sciences
11	[Univ]	Banaras Hindu University, Varanasi
12	[Year]	1981
13	[EnNo]	
14	[Lang]	English
15	[Study]	M.D.
16	[SubStudy]	Kayachikitsa
17	[AnyOther]	
18	[Abst]	The object of the present study was to have a critical, conceptual, clinical and experimental study to evaluate the possible role of Rasayana Vajikarana therapy on case of Manas Roga with special reference to anxiety and depression. In view of that, 50 patients of depressive neurosis were registered for clinical study. Among them a series of 41 patients were taken for therapeutic study. Asvagandha (Withania somnifera) and Kapikacchu (Mucune prunieons), Rasayana and Vajikarana drugs respectively, were used in this work in the dosage of 6 to 10 gms. Each once a day in the evening and morning respectively. The above therapy was continued for 6 to 8 weeks and the effect of treatment was evaluated every fortnightly with the help of (1) a clinical anxiety scale,

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(2) a depressive scale and (3) certain physiological and biochemical changes. The data emerging out indicated significant improvement in all aspects. The experimental study also indicated that these drugs had some psychotropic effect.

Therefore, it is concluded from this study that the Rasayana, Vajikarana drugs have potential beneficial effect on Manas Roga.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] **ROLE OF PHYSIOTHERAPY IN AYURVEDIC TREATMENT FOR PAKSHAVADHA**
5. [ArtEqEng]
6. [NmeScholar] P. Ramachandran Nair, S. Indirakumari, D. Vijayakumar and V. A. Prabhakaran
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute Panchakarma, Cheruthurthy, Kerala.
11. [Univ]
12. [Year] J.R.A.S. Vol. VI No. 1, 3 & 4, pp. 1-19
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

A study was conducted to assess the role of physiotherapy in Pakshavadha (Hemiplegia) treatment. Sixty patients were divided into three groups at random and Sahacharadi taila, Nirgundi taila and Bhadradarvadi taila were administered. Each group was further divided into two groups and one group was given physiotherapy in addition to the medicine. The physiotherapy group showed better results than medicine group.

This study proves the importance of physiotherapy in Pakshavadha treatment. Patients would be benifitted much more by a combined Ayurveda and Physiotherapy treatment than Ayurvedic treatment. alone.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***EFFECT OF PANCHAKARMA TREATMENT WITH MASADIYOGA ON PAKSAVADHA***
5. [ArtEqEng]
6. [NmeScholar] S. Madhavan Pillai, N. P. Vijayan, K. C. Bhagavathy Amma, K. Santhakumari, P. P. N. Bhattathiri and K. P. Bhaskaran
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Panchakarma, Cheruthurthy, Kerala.
11. [Univ]
12. [Year] J. R. A. S. Vol. I No. 2. (1980) pp. 301-328
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] The Paralysis patients were divided in two groups (56 controlled and 56 treated). The proformae specially prepared for this disease includes history of patients, signs and symptoms of the disease, duration of treatment and clinical investigations. The basis of diagnosis was according to the description of signs and symptoms on paralysis (Pakshaghata) as described in Charak Samhita.

Under the treatment, process of panchakaram Chikitsa i.e. Sneha, Sveda, Mriduvireka and Vasti were included and this proved useful therapy for the disease: Masha, Atmagupta, Eranda, Bala compound was not found very useful. At the outset of the disease the treatment appeared beneficial and was found effective on right sided paralysis.

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1. [SamSize]
2. [ArtID]
3. [FolNo]
4. [SlNo]
5. [ArtTitle] ***EFFECT OF MASHA TAILA ON PEPTIC ACTIVITY, TOTAL CHOLESTEROL AND ELECTROPHORETIC PATTERN OF SERUM PROTEINS IN HEMIPLEGIC PATIENTS***
6. [ArtEqEng]
7. [NmeScholar] R. Bhaskaran Nair, B. Ravishankar, N. P. Vijayan, P. K. N. Namboodiri, T. V. Menon, V. N. Saraswathy, P. T. Pankajavally and S. Sulochana
8. [NmeGuide]
9. [NmeCoGuide]
10. [Dept]
11. [Insti] Indian Institute of Panchakarma, Cheruthurthy, Kerala.
12. [Univ]
13. [Year] J. R. A. S. Vol. VIII No. 1-2. pp. 17-29.
14. [EnNo]
15. [Lang] English
16. [Study]
17. [SubStudy]
18. [AnyOther]
19. [Abst] The effect of Masha taila treatment on Hemiplegic patients was studied by monitoring some important biochemical parameters which have clinical significance to the condition. Masha taila significantly decreased gastric acidity, peptic activity, total serum cholesterol and elevated serum high density lipoprotein (HDL) fraction. Although pronounced changes could not be seen in the immunoelectrophoretic pattern of the serum, significant changes were noticed in the globulin fraction of serum proteins in the treated patients. The studies

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reveal that the beneficial effects observed in hemiplegic patients due to Masha taila treatment are probably due to cholesterol lowering and HDL elevating effect of Masha taila. The possible therapeutic value of the drug in duodenal and gastric ulcer conditions has been discussed.

Results:

No significant change in blood components was noted except increase in lymphocytes and decrease in eosinophil precentage at the end of the clinical trial.

The peptic activity was significantly reduced in all the three stages after the treatment. The gastric acidity was significantly reduced in the 2nd and 4th stages while no change was noted in the 3rd stage of the treatment.

Significant reduction in total cholesterol was noticed in all the stages of the treatment except in F_3 stages, where the decrease was non-significant statistically. However, the total proteins did not significantly vary with the treatment.

There was no significant change in the albumin fraction of the serum during the four stages of treatment. No significant change was noted in $á_1$-globulin fraction. Decrease in $á_2$-globulin fraction at F_2 stage, decrese in â-globulin fraction at F_4 stage and increase in ã-globulin fraction at F_3 stage was noted. Changes at other stages were not significant.

Among the varous lipoprotein fractions, only á-lipoprotein fraction in the second stage was found to significantly rise after the Masha taila administration.

Statistically significant decrease in neurological score (which is directly proportional to disability) was noted after the treatment. Initial score of the patients (mean ± SEM) was 40.57 ± 5.16 ($p<0.05$).

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***CLINICAL EVALUATION OF PRABHANJANAVIMARDANAM TAILA AND SODHANA THERAPY IN THE MANAGEMENT OF KHANJA (MONOPLEGIA) AND PANGU (PARAPLEGIA)***
5. [ArtEqEng]
6. [NmeScholar] P. Ramachandran Nair, N.P. Vijayan, P. Madhavikutty and K. Santhakumari
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Panchakarma, Cheruthurthy, Kerala.
11. [Univ]
12. [Year] J.R.A.S. Vol. XIII, No. 1-2, pp. 14-26
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Khanja and Pangu are Vata predominant diseases mainly caused by Kukundaramarmaghata, originate at Kati (lumbo sacral region) and affects movements of lower limbs. Paralysis of one leg or both legs, loss/impairment of sensation of lower limbs and loss of control over urination and defaecation are the main signs and symptoms of these diseases. A research trial was conducted to assess the efficacy of Samana, Abhyanga and Sodhana effect of Prahanjanavimardanam taila in these diseases. Fifty eight patients were grouped into 3 groups at random and Samana, placebo+Abhyanga and Sodhana treatments were prescribed in group I, II & III

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respectively for a period of 60 days. Result was highly encouraging and statistically significant in Group I and III ($P<0.001$). The result in Group II (Placebo+Abhyanga) was poor and statistically not significant ($P>0.05$). Result is Sodhana group was found better in comparison to Samana group.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***ANTI-ANXIETY EFFECT OF AN AYURVEDIC COMPOUND DRUG – A CROSS OVER TRIAL***
5. [ArtEqEng]
6. [NmeScholar] K. Kuppurajan, C. Seshadri, V. Rajagopalan, Kanchana Srinivasan, R. Sitaraman, Janaki Indurthi and S. Venkataragahavan
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Dr. A. Lakshmipathi Research Centre for Ayurveda (CCRAS) V.H.S. Campus, T.T.T.I. Post, Madras – 600 113.
11. [Univ]
12. [Year] J.R.A.S. Vol. XIII, No. 3-4, pp. 107-116
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] The results of a double blind study with a sequential cross-over design, comparing the efficacy of an Ayurvedic preparation with the modern control, viz. Diazepam and Placebo in 12 patients of Generalised Anxiety Disorder, are presented in this paper. Findings of the psychological parameters show that the Ayurvedic drug is more effective in enhancing the perceptual discrimination and psychomotor performance than the other two control drugs. The data on bio-chemical parameters indicate that the Ayurvedic drug offers protections to the stress induced metabolic changes by decreased urinary outputs of 17 OHCS and V M A. The intra group comparisons in the Ayurveda group alone indicate that the drug is

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effective in controlling the somatic and psychic anxiety. Hence, the Ayurvedic drug can be safely prescribed for fairly longer periods without the fear of physical or psychological dependence in acute and chronic states of anxiety, in old age with no apprehension about the age-related hazards and in cases presenting both the somatic and psychological symptoms.

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1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***ANTISTRESSOR EFFECT OF WITHANIA SOMNIFERA***
5.	[ArtEqEng]	
6.	[NmeScholar]	R. Archana and A. Namasivayam
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	Dept. of Physiology.
10.	[Insti]	Dr.ALM PG Institute of Basic Medical sciences, Taramani.
11.	[Univ]	University of Madras.
12.	[Year]	Journal of Ethnopharmacology 64 (1999) 91-93
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	Withania somnifera is an Indian medicinal plant used widely in the treatment of many clinical conditions in India. Its antistressor properties have been investigated in this study using adult Wistar strain albino rats and cold water swimming stress test. The results indicate that the drug treated animals show better stress tolerance.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***A CLINICAL STUDY ON DEPRESSIVE ILLNESS AND ITS AYURVEDIC MANAGEMENT***
5. [ArtEqEng]
6. [NmeScholar] Sheelendra Kumar Gupta, R.H. Singh
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Department of Kayachikitsa
10. [Insti] Institute of Medical Science
11. [Univ] Banaras Hindu University, Varanasi-221 005.
12. [Year] J. R. A. S. Vol. XXIII, No. 3-4 (2002) pp. 82-93.
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

The depressive illness is one of the most common psychiatric disorders with a trend of rising incidence in recent years throughout the world and is still a serious challenge to the medical profession. The Ayurvedic classics describe depressive illness in different contexts. One can visualize the description of major depression through the classic description of Kaphaja-Unmada. Other forms of depression seem to have been described in brief in terms of Cittavasada. There are a number of antidepressant drugs available in Modern Medicine with many side effects. In this context it seems fairly essential to develop an ideal ayurvedic management for depressive illness, which may promise a treatment with minimal side effects. The present study represents a short term time bound project and is based on the demographic and clinical study of 93 patients, besides a clinical trial of a test drug Yogabala

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Curna (a compound herbal formulation of Kapikacchu, Jyotismati and Vaca,) in 65 cases of depressive illness. Yogabala appears to be a safe and effective drug for the treatment of mild to moderate depressive illness comparable to the efficacy of St. Johns Wort an European Herb with proven antidepressant action.

Three study groups were made, A-group comprised of 25 patients and were put on Yogabala churna 5gm B.D. Second group-B consisted of 17 patients who were given Jyotishmati taila nasya along with Yogabala churna 5gm B.D. The third group-C consisted of 23 patients and put on control drug namely St. John's Wort tablets (Hypericum perforatum) contained 300mg extract, thrice a day. There was statistically significant improvement in the symptoms of HRDS and HARS scores in all the three groups as compared to the known control group. Similarly memory score, adjustment scores and reaction time also showed significant change in all the three groups.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***ARDITA – BELL'S PALSY (FACIAL PARALYSIS) - A CLINICAL STUDY***
5. [ArtEqEng]
6. [NmeScholar] N. G. K. Pillai, T. V. Menon, K. S. Sethu, N. P. Vijayan and P. K. N. Namboodiri
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Indian Institute of Panchakarma, Cheruthurthy, Kerala.
11. [Univ]
12. [Year] J. R. A. S. Vol. XIII No. 3-4. pp. 126-134
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst]

Twelve cases of Ardita-Bell's palsy were randomly selected from both the sexes of different age group and divided into two groups. Two different regimens of therapy were administered in each group. From the preliminary study of 12 cases, the therapeutic efficacy of IInd group is significant campared to the first one. The study is being continued in a number of cases to ascertain the therapeutic efficacy statistically.

In group-I, Rasna saptaka kwatha 60ml. thrice daily with Mahavata vidwamsa rasa was given. This mere Samana method of treatment alone is not sufficient to manage the disease. But in case of Group-II, Kanjanakari rasa along with Samana therapy and the application of Bhunaga taila with mild massage against the concentration of muscles followed

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with Sashtikasali pinda sweda showed speady recovery.

From the study it is evident that Kanjanakari rasa along with the external application of Bhunaga taila followed with Sastikasali pinda sweda is a ideal remedy for the treatment of Ardita i.e Bell's palsy.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***COMBINED EFFECT OF BRAHMI (BACOPA MONNIERI) AND SHANKHPUSHPI (CONVOLVULUS PLURICAULIS) ON COGNITIVE FUNCTIONS***
5. [ArtEqEng]
6. [NmeScholar] G.P. Dubey, S.R. Pathak, B.S. Gupta
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Centre of Psychosomatic and Biofeedback Medicine, Institute of Medical Science
11. [Univ] Banaras Hindu University, Varanasi-221 005.
12. [Year] Pharmacopsychoecologia (1994). 7, 249-251
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] School going children were selected for the clinical trials of an Ayurvedic compound containing Brahmi and Shankhpushpi. The students showing poor educational performance were included in this series. Sixteen cases were given placebo in order to compare the results. After six months of therapy a significant improvement in memory was noticed in the treated group. None of the cases showed any adverse effect. It can be concluded that the combined effect is more beneficial in improving memory and overall learning abilities.

Forty four students in the age group of 10-19 years were selecetd from the school population for the clinical trials of Brahmi and Sankhpushpi. The organic extracts of these drugs

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in the doses of 300mg and 200mg, respectively were mixed and administered. The short and long term memory, visual and auditory reaction time and performance on Raven's Progressive Matrices test.

It has been found that the short-term memory span in the treated group increased from 50.27 to 69.56 after six months of continuous combined adminitsration of Brahmi and Sankhpushpi. Similarly, the long-term memory span increased significantly from 19.34 to 26.12 after six months of continuous therapy. However, the control group did not show any change.

The combined effect of these drugs influenced the reaction time in the treated group. The auditory reaction time significantly decreased from 1.39 to 0.87 after six months of continuous administration of Brahmi and Shankhpushpi. The visual reaction time also significantly decreased from 1.48 to 0.96 in the treated group. The control group did not exhibit any change.

The simultaneous administration of Brahmi and Shankhpushpi significantly improved the performance of the treated group on the Raven's Color Progressive Matrices.

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1.	[SamSize]	
2.	[ArtID]	
3.	[FolNo]	
4.	[SlNo]	
5.	[ArtTitle]	***DEPRESSIVE ILLNESS – A THERAPEUTIC EVALUATION WITH HERBAL DRUGS***
6.	[ArtEqEng]	
7.	[NmeScholar]	R. H. Singh, S. K. Nath and P. B. Behere
8.	[NmeGuide]	
9.	[NmeCoGuide]	
10.	[Dept]	Department of Kayachikitsa
11.	[Insti]	Institute of Medical Science
12.	[Univ]	Banaras Hindu University, Varanasi-221 005.
13.	[Year]	J. R. A. S. Vol. XI, No. 1-4 pp. 1-6
14.	[EnNo]	
15.	[Lang]	English
16.	[Study]	
17.	[SubStudy]	
18.	[AnyOther]	
19.	[Abst]	Depressive illness, a global mental health problem at present, constantly thrusts to search suitable drugs for its management. In consequence many modern therapeutic agents have come up in the recent years, but have proved hazardous to the health in terms of addiction and other side effects in long term use. Two herbal drugs namely Asvagandha (W. vomnifera) and Kapikacchu (M. pruriens) were clinically tried in 25 cases of Depressive illness for two months period with encouraging results showing notable symptomatic improvement, decrease in the degree of anxiety and depression. Though it is a preliminary work, but has left a good lead for future study. 48 percent patients were symptom free at the end of two months. Only two patients did not respond to the treatment

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and in two patients with the initial improvement the disease aggravated at the end of two months. This study has shown the efficacy of these drugs in short term use. No side effects were reported by any patient during the trial period.

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1 [ArtID]

2 [FolNo]

3 [SlNo]

4 [ArtTitle] ***EFFECT OF TRADITIONALLY DESIGNED NUTRACEUTICAL ON STRESS INDUCED IMMUNOGLOBULIN CHANGES AT ANTARCTICA***

5 [ArtEqEng]

6 [NameScholar/ investigators] P. Bansal1, R. Sannd2, N. Srikanth3 and G. S. Lavekar4

7 [NmeGuide]

8 [NmeCoGuide]

9 [Dept]

10 [Insti]

1. Clinical Biochemistry Laboratory, National Institute of Ayurvedic Pharmaceutical Research, Moti Bagh Road, Patiala,Punjab, India.
2. National Institute of Ayurvedic Pharmaceutical Research, Moti Bagh Road, Patiala, Punjab, India.
3. Central Council for Research in Ayurveda and Siddha, Ministry of Health and Family Welfare, Government of India,New Delhi, India.
4. Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare,Government of India, New Delhi, India.

11 [Univ]

12 [Year] African Journal of Biochemistry Research Vol.3 (4), pp. 084-088, April, 2009

Available online at http://www.academicjournals.org/AJBR

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13 [EnNo]

14 [Lang] English

15 [Study] Institutional research

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16 [SubStudy] Nutrition research

17 [AnyOther]

18 [Abst] The study was conducted at Antarctica on Indian station "Maitri" on voluntary accepted subjects out of the 23rd Indian scientific expedition to Antarctica to establish the effect of a traditionally designed nutraceutical on stress related changes in selected immunoglobulin levels in the body. All the subjects were provided with the food supplements daily.

The "Ayush poshak peye" was prepared daily at various timings depending on the convenience of members because they used to be busy with their own scientific projects. The investigators made it pertinent that all the subjects are dispensed with APP (125 ml) and APY (50 g) once daily. The subjects who could not take the drug regularly were put under dropouts. Out of 21 subjects, 8 were dropped out due to different reasons. Three of them went to ship due to some assignment and could not continue taking the drugs.

Three of them had some physical problem and discontinued the drug. Two subjects who missed the food supplements continuously for more than two days were dropped out. The nutraceutical was prepared from different potent herbs described in Ayurveda using standard operative procedures and were tested for heavy metal and microbial load. Initially, 21 subjects were selected in addition to 7 volunteers forcontrol group who did not consume nutraceutical. Sampling was done at zero days and at fortnightlyintervals. The levels of selected immunoglobulin IgG, IgA and IgM were estimated with turbidity metric immunoassay at different time intervals. The concentration of immunoglobulin IgA was 146±15.96 at zero day stage. The levels of these immunoglobulins were lower at all stages as compared to the concentration at zero day in trial group subjects whereas the concentration was significantly higher (t stat.>t critic. at $p<0.05$) in control group subjects. The concentration of IgG was very high to the tune of3091±705 at zero day stage. The level of IgG was lower in trial subjects as compared to control subjects at all stages except at the 6th week stage where it was higher in trial subjects. Concentration of immunoglobulin IgM was 80.75±30.39 (t

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stat.>t critic. at $p<0.05$) at zero day followed by a decrease in both groups at the 2nd week, however the concentration was almost 1/3rd in trial drug subjects as compared to the levels in control subjects followed by an abrupt increase at the 4th week. The levels increased to 106±8.94 at the 4th week stage and 115±9.35 at the 6th week stage in control subjects(even higher than at zero day) whereas the values were 46.15±11.39 and 55.38±15.34 (t stat.>t critic. at $p<0.05$) at respective stages in trial drug subjects. On the whole the pattern of fall and rise in levels of

IgM were similar in the control as well as treatment group subjects at all stages. Studies revealed that the components of the nutraceutical tended to exert significant (t stat.>t critic. at $p<0.05$) anti-stress effect against stress related changes in immunoglobulin in the body due to the battery of stresses encountered at Antarctica.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***NEUROPSYCHOPHARMACOLOGICAL EFFECTS OF THE AYURVEDIC NOOTROPIC BACOPA MONNIERA LINN. (BRAHMI)***
5. [ArtEqEng]
6. [NmeScholar] H. K. Singh, B. N. Dhawan
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept]
10. [Insti] Central Drug Research Institute (Ayu), Lucknow.
11. [Univ]
12. [Year] Indian Journal of Pharmacology 1997; 29: S359-S365
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Bacopa monniera Linn. (Brahmi) has been used since times immemorial as nerve tonic for improvement of memory. The authentication of the traditional claims of brahmi was initiated by investigating the effect of an alcoholic extract of this plant on acquisition, consolidation and retention of three newly acquired behavioural responses in albino rats, viz., a foot-shock motivated brightness discrimination response, active conditioned avoidance response and sidman continuous avoidance response. The facilitatory effect of the brahmi extract (40 mg/kg, p.o X 3d) was manifest in all the three learning responses as it augmented bot the cognitive function and mental retention capacity.

The chemical constituent responsible for the facilitatory effect

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of brahmi on learning schedules was identified as a mixture of two saponins designated as bacosides A and B. The bacosides significantly improved the acquisition, consolidation and retention in the shock motivated brightness discrimination response, active conditioned avoidance response and produced a dose dependent facilitation of discretion between an aversive (LiCI) and palatable fluid (sucrose) in the conditioned taste aversion (CTA) response. Bacosides also attenuated the retrograde amnesis produced by immobilization induced stress, ECS and scopolamine. They also enhance protein kinase activity and produced an increase in protein in hippocampus.

Bacosides were also found to be safe in regulatory pharmacological and toxicological studies and were well tolerated by normal healthy male human volunteers in single dose (20-300 mg) and multiple doses (100 and 200 mg) administered for 4 weeks in double blind placebo controlled and non-crossover regulatory Phase-1 clinical trial.

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1.	[ArtID]	
2.	[FolNo]	
3.	[SlNo]	
4.	[ArtTitle]	***ROLE OF AN AYURVEDIC DRUG BRAHMI (BACOPA MONNIERI) IN THE MANAGEMENT OF SENILE DEMENTIA***
5.	[ArtEqEng]	
6.	[NmeScholar]	Aruna Agrawal, G. P. Dubey, B.S. Gupta, K. N. Udupa
7.	[NmeGuide]	
8.	[NmeCoGuide]	
9.	[Dept]	Dept. of Basic principles, Faculty of Ayurveda.
10.	[Insti]	Institute of Medical Sciences, Varanasi.
11.	[Univ]	
12.	[Year]	Pharmacopsychoecologia (1990), 3, 47-52
13.	[EnNo]	
14.	[Lang]	English
15.	[Study]	
16.	[SubStudy]	
17.	[AnyOther]	
18.	[Abst]	The efficacy of an Ayurvedic drug, Brahmi (Bacopa monnieri), in the management of senile dementia was examined. The drug was administered to diagnosed cases of senile dementia and normal controls, both within the 64-79 yrs age-range at the commencement of the study, in a five your follow-up. The results reveal: (1) Brahmi arrests memory loss in normal as well as dementia cases: (2) Brahmi also leads to slowing of acetylcholine loss in dementia cases. The feasibility of drug's use in dementia of Alzheimer's type is discussed.

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1. [ArtID]
2. [FolNo]
3. [SlNo]
4. [ArtTitle] ***SCOPE OF AYURVEDIC HERBAL MEDHYA DRUGS AS NATURAL AGENTS FACILITATING LEARNING AND MEMORY - A SCIENTIFIC VIEW.***
5. [ArtEqEng]
6. [NmeScholar] S. R. Pathak and G. P. Dubey
7. [NmeGuide]
8. [NmeCoGuide]
9. [Dept] Centre of Psychosomatic and Biofeedback Medicine, Department of Basic Principles
10. [Insti] Institute of Medical Science,
11. [Univ] Banaras Hindu University, Varanasi-221 005.
12. [Year] Sangyaharan Shodh – Feb. 2000, Vol. 3, No. 1 : Page 45-57
13. [EnNo]
14. [Lang] English
15. [Study]
16. [SubStudy]
17. [AnyOther]
18. [Abst] Despite textual claims and experimental as well as clinical investigations done so far on memory enhancing effects of certain herbal Medhya drugs, their multineurochemical mechanism of neurophysiological action further emphasises the scope of these natural substances as fruitful pharmacological agents. In fact, by virtue of bearing a more or less generalised action of increasing ACh/or catecholamines alongwith accentuating GABA: Gluration and depleting Hist. and/or 5-HT contents in the brain of normal and/or stressed subjects, the total drug form of these agents appear to indicate the competency of medicinal formulation applicable in enhancing learning and memory. Moreover, amongst different chemical compounds known to be available in these natural

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agents, the isolated active ones exhibiting more or less similar action to their concerned total drug form further account the exhibiting more or less similar action to their concerned total drug form further account the importance of these herbal drugs at wide national and international levels of acceptance. However, to find out the potentially important ones among the given list of Medhya drugs, a large scale screening of their crude and differently extracted or isolated forms, encorporating multidimensional toxocological, experimental and clinical evaluations are further needed.

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APPENDICES

8.1. USER MANUAL FOR ONLINE RESEARCH DATABASE

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Appendix - I

USER MANUAL TO WEB-BASED ELECTRONIC RESEARCH DATABASE

Web-based portal on Research Database on Ayurveda, Siddha, Other Traditional Medicine and Related Sciences developed by National Institute of Indian Medical Heritage, Hyderabad (CCRAS) has following components.

1. **Research database with dynamic search options for users**
2. **Online submission of Research Abstracts**

Process regulation

The information submitted by the contributors through online will be scrutinized, edited and refined by the institute. Then, the suitable information will be incorporated in the user database.

General instructions

- Research database with dynamic search options can be freely accessibly to all the users.
- The contributors should initially register their names with unique user name and password for online submission of Research Abstracts
- Submit the data through Online Research Abstracts Format following the procedures
- Each submitted abstract will be given a unique ID for contributor's reference
- The contributors can view their submitted research abstracts at a glance

To access the Online Research Database website
Direct URL: http://ccrasrdb.ap.nic.in
A link in the CCRAS website: http://ccras.nic.in
A link in the NIIMH website: http://iihm.ap.nic.in

Note: Please follow the sample format of web based electronic submission forms .

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SAMPLE FORMAT OF WEB BASED ELECTRONIC SUBMISSION FORM

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Department of AYUSH, Ministry of Health & Family Welfare, Government of India

ayurveda [Search] It will search ALL the fields in database

Click Article ID to view details

Sl.No.	ID	Article Title
1	1	A CLINICAL STUDY OF AMA AND ITS POSSIBLE BIOLOGICAL CORRELATES WITH REFERENCE TO THE EFFECT OF PANCAKIOLA KASAYA IN THE MANAGEMENT
2	3	PHARMACOLOGICAL AND HISTOPATHOLOGICAL STUDIES OF ANIMAL MILK
3	10	A STUDY ON PSYCHOSOMATIC BACKGROUND OF IRRITABLE BOWEL SYNDROME
4	25	A CRITICAL STUDY OF ANNAVAHA SROTAS WITH SPECIAL REFERENCE TO PITTADHARA KALA
5	31	PSYCHONEUROPHYSIOLOGICAL CHANGES FOLLOWING AUTOGENIC SELF-REGULATION AND ITS SIGNIFICANCE IN THE MANAGEMENT OF PSYCHOSOMATIC DISORDERS
6	2	IMPACT OF PLANT GROWTH REGULATORS ON GROWTH, FRUITING AND FRUIT QUALITY OF AONLA (AMALAKA- Emblica officinalis Gaertn.)
7	6	ECOLOGICAL STUDIES OF BOERHAVIA VERTICILLATA POIR. WITH SPECIAL REFERENCE TO PHYTOCHEMICAL AND THERAPEUTIC IMPORTANCE
8	11	ROLE OF JALAUKAVACHARANA IN PREVENTION OF ABSCESS FORMATION
9	8	A CRITICAL STUDY OF MUTRA NIRMANA DESCRIBED IN AYURVEDA WITH SPECIAL REFERENCE TO MODERN PARAMETERS
10	9	EVALUATION OF RISK FACTORS FOR CORONARY HEART DISEASE WITH SPECIAL REFERENCE TO LIPOPROTEIN-CHOLESTEROL
11	12	A CLINICAL STUDY ON KOSTHASAKHASRITA KAMALA AND EVALUATION OF THE EFFECT OF BHUMYAMALAKI (PHYLLANTHUS NIRURI) WITH SPECIAL REFERENCE TO VIRAL B HEPATITIS
12	13	CHRONIC DIARRHEA OF SMALL BOWEL ORIGIN (GRAHANI-ROGA) - WITH SPECIAL REFERENCE TO GIARDIASIS
13	17	IMPACT OF SOME MEDICINAL PLANTS ON CERTAIN METABOLIC ENZYMES VIS-À-VIS ECONOMIC TRAITS IN BROILERS
14	18	MIND-BODY INTERACTION WITH THE ESSENTIALS OF BIOFEEDBACK
15	19	TO STUDY THE ROLE OF TRINAPANCHAMOOLA DECOCTION ON PATIENT OF MUTRAGHATA WITH SPECIAL REFERENCE TO CHRONIC RENAL FAILURE (An Experimental and Clinical study)
16	20	"A CRITICAL STUDY ON CLINICOPATHOLOGICAL EVALUATION OF AETIOLOGICAL FACTORS IN MUTRAJ-VRUDDHI i.e. HYDROCELE IN CONTEXT OF SUSHRUTA'S DESCRIPTION"
17	22	PSYCHOLOGICAL EVALUATION OF MENTAL HEALTH IN PATIENTS OF NEUROSIS TREATED WITH AYURVEDIC AND YOGA THERAPY
18	23	MANAGEMENT OF CHRONIC INTRACTABLE PAIN BY INDIGENOUS DRUGS, TENS, ACUPUNCTURE IN DIFFERENT PRAKRITI
19	27	A CORRELATIVE STUDY OF PRAKRITI AND BASAL METABOLIC RATE
20	32	THE EFFECT OF RASAJ BHAVA ON DEVELOPMENT OF GARBHA
21	35	ROLE OF INDIGENOUS DRUGS IN THE MANAGEMENT OF STANARBUDA
22	36	PREPARATION OF SUKTI BHASMA PHYSICAL, CHEMICAL STUDY AND CLINICAL TRIAL ON ASTHMA
23	40	A CLINICAL & BEHAVIOURAL STUDY ON THE RESPONSE OF INDIGENOUS DRUGS, ASVAGANDHA AND KAPIKACCHU IN DEPRESSION AND ITS BIOCHEMICAL CORRELATES
24	42	A STUDY OF DOSHA PRAKRITI WITH SPECIAL RESPECT TO SHARKARA GRAHAN KSHAMATA (SUGAR TOLERANCE)
25	38	A STUDY OF URDHVA JATRU GATA-SIRA MARMABHI GHAAT AND THEIR MANAGEMENT WITH SPECIAL REFERENCE TO WAR WOUNDS

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Article ID	20
Article Title	"A CRITICAL STUDY ON CLINICOPATHOLOGICAL EVALUATION OF AETIOLOGICAL FACTORS IN MUTRAJ -VRUDDHI i.e. HYDROCELE IN CONTEXT OF SUSHRUTA'S DESCRIPTION"
Eq. English	
Scholar	APARNA V.NAIGAONKAR
Guide	Dr. Subhash Raut
Co-Guide	
Department	Dept. of Shalya
Institute	Govt. Ayurvedic college & Hospital, Nagpur
University	Nagpur University, Nagpur
Year	1999
Language	English
Study	M.D.
Subject	
Any Other	

Abstract / Details / Synopsis

The dissertation entitled, "The Critical Study on Clinico-Pathological evaluation of aetiological factor in 'Mutraj-Vruddhi i.e. Hydrocele in context of Sushruta's description" is an outcome of the clinicopathological study under taken as a part of Post Graduate activities. The study was principally aimed to evaluate the aetiology and the pathology of the disease 'Mutraj-Vruddhi-Hydrocele' in accordance with the description given by Sushrut and other authors of various classical texts of Ayurveda. The entire study had two dimensions; critical study of the oriental literature in context with the modern surgical researches was the first dimension, where as the other encompasses the clinical, operative and investigative observations. The feedback data collected from the study was presented and discussed accordingly.

The term Mutraj vruddhi does not show any relation with urine or urinary system except the physical resemblance of the content of hydrocele with the concentrated urine.

The present study opines that the term Mutraj vruddhi does not contradict with the clinicopathological characteristics of Hydrocele.

The present study concludes that the aetiological factors such as Mutrasandharan, vataprakopak ahara, vihara mentioned by Acharya Sushrut and others have no significance in manifestation of the disease.

The study confirms that the concept of pathophysiology of Hydrocele as mentioned in classical texts of Ayurveda is still within the hypothetical speculation.

The present series of work strongly hold an opinion that symptoms of Mutrakruchcha' & 'Vedanam Vrushanyoh' mentioned in clinical symptomatology by Sushrut could never be observed in uncomplicated primary Hydrocele.

The study confirms that the Nagpur and adjacent areas as 'Hydrocele Belt'. The study affirms the warm climate could be undertaken as attributing factor.

The study holds an opinion that the trauma over the scrotum plays an important role in precipitating the disease.

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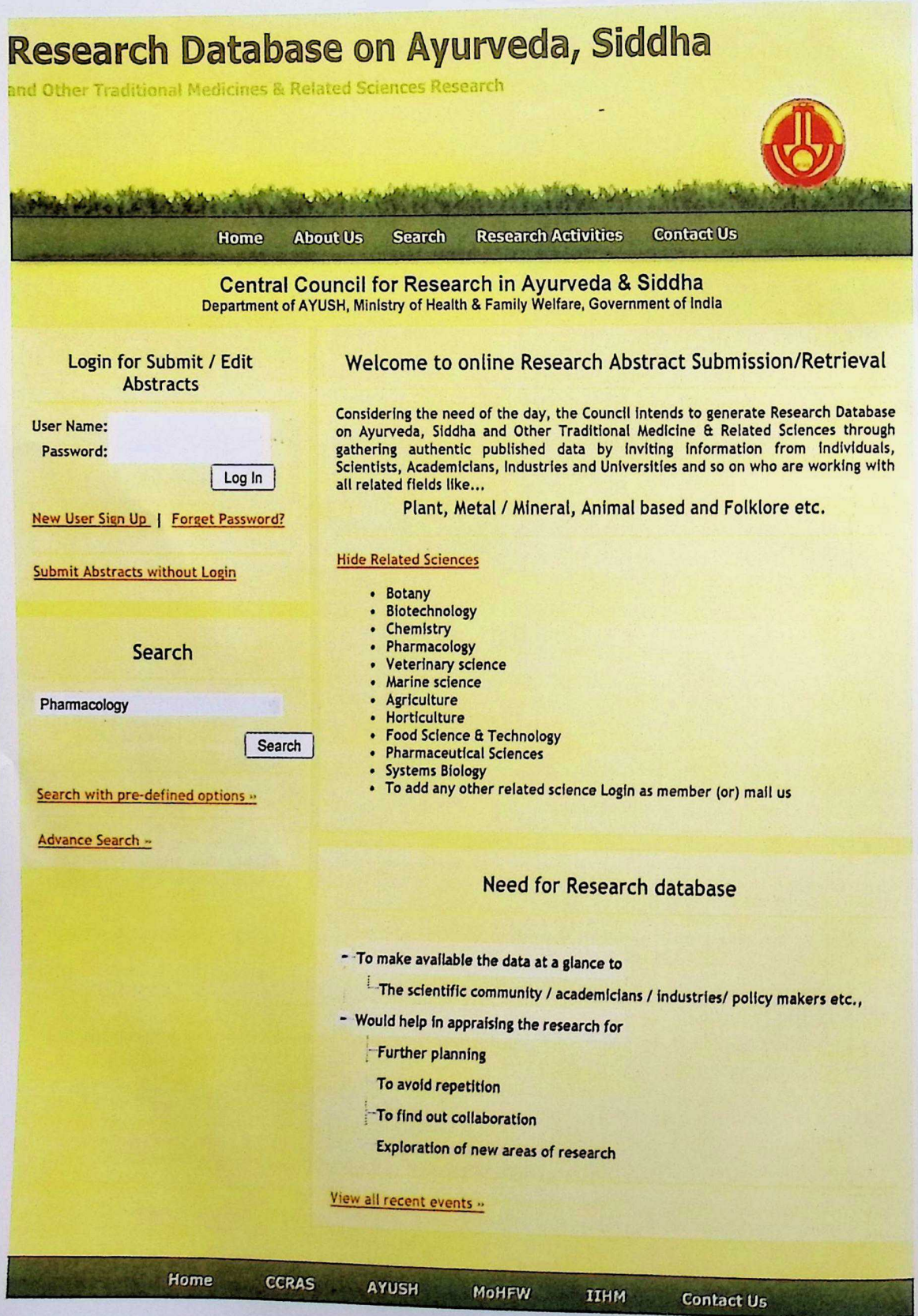

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Online Research Abstract Submission

Title of the Research Work:
ANTI-INFLAMMATORY ACTIVITIY OF KUTHUKKARAN SAMMATI (SIDDHA DRUG)

Title equivalent English translation:
ANTI-INFLAMMATORY ACTIVITIY OF Indigofera oblongifolia. Roxb

Publication Status:
- (•) Published
- ( ) Accepted for Publication
- ( ) Un Published

Level of Work :
- (•) Academic (P.G., Ph.D.,Post Doc., etc.,)
- ( ) Institutional
- ( ) Industrial
- ( ) Others

Sponser:
- ( ) Yes (•) No

Patent:
- ( ) Yes (•) No

Abstract Title updated sucessfully. Please note the Abstract ID for future references: 11173
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Your article published in:
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Work Related to

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Speciality: 4. Gunapadam (Plant origin,Metals, Mi

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Interdisciplinary Work (Specify - if any)

(Ex: A Botanist did a research work on a Herbal as per the classics/texts of Ayurveda or Siddha)

Type here - Ayurveda or Siddha | Type here - Other discipline

Give reference from classics/texts of Ayurveda or Siddha: (if any)

Level of Work done

◉ P.G. Ph.D. Post Doc Others

Select the Name of College / Institution

Govt. Siddha Medical College, Palayamkottai

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Tamil Nadu Dr M G R Medical University - Anna Salai Guindy, Chennai 600 032, Tamil Nadu. .Fax 91-0

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Name of the Department:	Br-II GUNAPADAM
Awarded Month/Year (Ex:04/2004):	APRIL 1999
Name of the Scholar:	RAJASEKARAN R
Name of the Guide:	THINAKARAN M
Name of the Co-Guide(s):	SAMPATHKUMAR B

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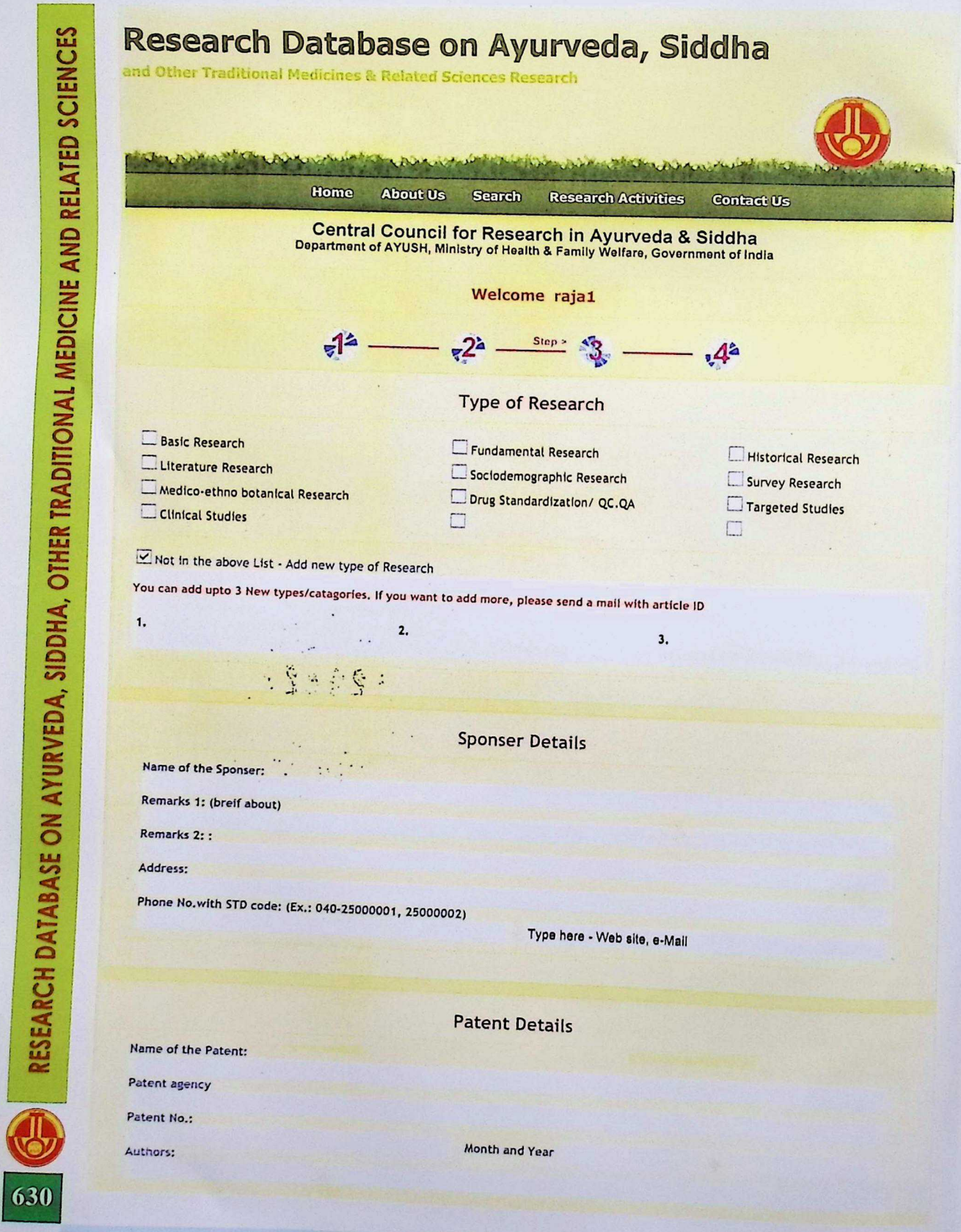

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Type of Research

- ☐ Basic Research
- ☐ Literature Research
- ☐ Medico-ethno botanical Research
- ☐ Clinical Studies
- ☐ Fundamental Research
- ☐ Sociodemographic Research
- ☐ Drug Standardization/ QC.QA
- ☐
- ☐ Historical Research
- ☐ Survey Research
- ☐ Targeted Studies
- ☐
- ☑ Not in the above List - Add new type of Research

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Name of the Patent:

Patent agency

Patent No.:

Authors: Month and Year

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Submit Abstract

DESIRABLE ABSTRACT FORMAT (one paragraph of abstract compiled from the following topics will be prefered)

Objective, Materials and Methods, Parameters of Assessment, Drug and Dosage (Period/ Procedure), Observation(s), Result / Conclusion

Type or Paste abstract here (around 250 words)

Plan for Further related work (around 100 words)

Keywords (for Search / Indexing):

Finish

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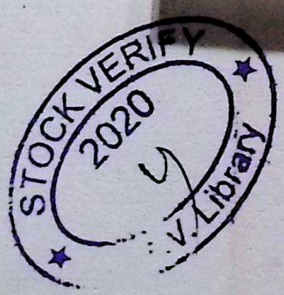

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